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AHASSEE FLORIDA

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'DEC' 1 8 2012 T. LEWIS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	-	2, 607.1508, or 617.1508, Florida Sized under the laws of the State of	
in order to change	e its registered office or registe	red agent, or both, in the State of I	Florida.
1. The name of the corpora	_{tion:} Villa Calabria Cond	dominium Association, Inc	<u> </u>
2. The principal office add	_{ress:} 20 Calabria Ave, C	oral Gables, Fl, 33134	

3. The mailing address (if o	lifferent): PO Box 4216, (Coral Gables, Fl 33114	74
4. Date of incorporation/qu	alification: 11/21/2003	Document number: N0300	0010243
	ress of the current registered ag tate: (If resigned, enter resigned	gent and registered office on file w	ith the
Persau	d & Nunez		
10631	N. Kendall Drive, Ste 2	205	
Miami,	FL 33176		2012 I
6. The name and street add (if changed):	ress of the new registered agen	at (if changed) and /or registered of	2012 DEC 17 P
Law Of	ffice of Stuart J. Nunez	;, P.A.	PH 3: -
7200 C	orporate Center Drive	, Ste 510	
Miomi	P.O. Box NOT	acceptable	
ivilami,	FI 33126		
The street address of its reas changed will be identic	gistered office and the street al.	address of the business office of it	s registered agent,
Such change was authorized by the board, of	ed by resolution duly adopted or the corporation has been not	by its board of directors or by an iffied in writing of the change.	officer so
Signature of an office	arb or or director	MARIA R. ZOGAIB, P. A. Printed or typed name and tit	6510 ENT
I hereby accept the appoint I further agree to comply performance of my duties, agent. On if this docume hereby confirm that the confirmation of legitary in t	and I am Jamiliar with and al nt is being filed merely to refle proparation has been notified in stered Agant	d agree to act in this capacity. Ites relative to the proper and concept the obligation of my position Ites relative to the proper and concept the obligation of my position Item to the registered officence of the concept the concep	nplete n as registered ce address, I
Stuart Nune	7.		•
Typed or Printe	d Name		

* * * FILING FEE: \$35.00 * * *