

n: 030000/0243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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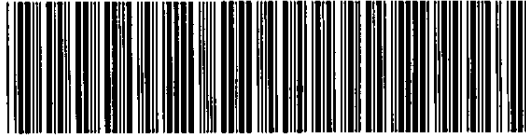
(Business Entity Name)

(Document Number)

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T. KENDRICK  
2

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VILLA CALABRIA CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N03000010243

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stuart J. Nunez, Esq.  
Name of Contact Person  
Law Office of Stuart J. Nunez, P.A.  
Firm/Company  
10691 N. Kendall Drive, Suite 206  
Address  
Miami, FL 33176  
City/State and Zip Code  
snunez@snunezlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart J. Nunez, Esq. at ( 305 ) 405-7424  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VILLA CALABRIA CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 20 CALABRIA AVE  
CORAL GABLES, FL 33134

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/21/2003 Document number: N03000010243

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Law Office of Stuart J. Nunez, P.A.

7200 Corporate Center Drive, Suite 510

Miami, FL 33126

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Law Office of Stuart J. Nunez, P.A.

10691 N. Kendall Drive, Suite 206

P.O. Box NOT acceptable

Miami, FL 33176

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X M. Zogair  
Signature of an officer or director

MARIA R. ZOGAIRS  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. On, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Stuart Nunez  
Signature of Registered Agent

5/18/2015  
Date

If signing on behalf of an entity:

Stuart Nunez  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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