## 000/10652

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## **COVER LETTER**

Division of Corporations
SUBJECT: BELLA VITA @ ROYAL PALM BEACH HOMEOWHERS ASSOC. (Name of Corporation)
DOCUMENT NUMBER: No 3000010652
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:
Jane of Contact Person)
BELLA VITA AT ROYAL PALM BCH HOMEOWHERS ACESO
110 VIA AURELTA DRIVE (Address)
ROYAL PALM BEACH, FL 33411 (City/State and Zip Code)
For further information concerning this matter, please call:
TANET RAMOS at (561) 201-0869 (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  Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (8/05)

## 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Beun Vern by Royal Palm Bon Homeowees
2. The principal office address: 110 VIA AURRIZA DR Royal Palm Bon Fr
3. The mailing address (if different):
4. Date of incorporation/qualification: 1215103 Document number: NB300010652
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)
RESIGNED TALLAHAS
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jay Steven Levine PA  2500 North Military Trail Ste 283  (P.O. Box NOT acceptable)  Boca Raton R 33431
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.
Koren Beles Tron (Signature of an officer or director)  (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. Or, 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.
(Signature of Registered Agent)  4-30-09 (Date)
If signing on behalf of an entity:
Jay Steven Levine prosident (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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