N04000002275

questor's Name)	
dress)	
dress)	
y/State/Zip/Phone	∌ #)
☐ WAIT	MAIL
siness Entity Nar	me)
cument Number)	
_ Certificates	s of Status
Filing Officer:	
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nar cument Number) Certificates

Office Use Only



200268717472

01/30/15--01021--027 **35.00



RA RO/Ch8

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Ventura at Maliby Bay Neighburhood
DOCUMENT NUMBER: NO 400 000 2075
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:
Jennifer Perec Name of Contact Person M + E ASSOCIATES OF HIGMI 13055 SW 42 nd St. Ste 203 Address
HIGMI FL 33116 City/State and Zip Code
Jennifer Derez Q Vestafory OU. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, plants call:

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

CR2E045 (03/12)

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: Venture At Malibu Bay Neighburhood 2. The principal office address: Mt E ASSOCIATED OF Midmi 13055 SW 4229 St. Ste 203 Homi FL 33175 3. The mailing address (if different): Mt E ASSOCIATED OF NIAM 1021 OAK St. Tackson I Le FL 32204 4. Date of incorporation/qualification: 31404 Document number: NO400000275 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) Swimmer & Holcur PL
7990 SW 117-4 Aio- Ste 100
Hami FL, 33183
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Dale C. Glassfurd, P.A.
12908 SW 133rd C+.
HIAMI FL 33186
The street address of its registered office and the street address of the business office of its registered agent, as changed will be ideptical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the composition has been notified in writing of the change. **The Composition has been notified in writing of the change.** **Printed or typed dame and the Composition has been notified in writing of the change.**
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 couptrm that the corresponding has been notified in writing of this change.
X///// X 1-26-15
If signifing on behalf of an entity:
n signing on country an entry.
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 (03/12)

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