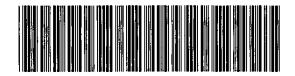
## N04000004459

(Red	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		25 JUNI
SUBJ	The Villas at Indian River Condominium Association, Inc.  Name of Corporation	. ~
DOC	NO# 000004459 UMENT NUMBER:	M 3:36
The en	nclosed Statement of Change of Registered Office/Agent and fee are submitted for	* '
Please	e return all correspondence concerning this matter to the following:	
	Jane Cornett	
	Name of Contact Person	
	Becker & Poliakoff, P.A.	
	Firm/Company	
	401 SE Osceola Street, First Floor	
	Address	-
	Stuart, FL 34994	
	City/State and Zip Code	,
	jcornett@bplegal.com	
	E-mail address: (to be used for future annual report notification)	•
For fi	urther information concerning this matter, please call:	
Jane	e Cornett 772 286-2990	
	Name of Contact Person at () Area Code & Daytime Tele	phone Number
Enclo	used 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 Corporation Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida rto change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: The Villas at Indian River Condominium Association, Inc.	
2. The principal	office address: c/o Soundview Property Management	
333 17th S	Street, Suite A, Vero Beach, FL 32960	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 5/4/2004 Document number: N04000004459	
	street address of the current registered agent and registered office on file with the treet that the treet address of the current registered agent and registered office on file with the treet address of the current registered agent and registered office on file with the treet address of the current registered agent and registered office on file with the treet address of the current registered agent and registered office on file with the treet address of the current registered agent and registered office on file with the treet address of the current registered agent and registered office on file with the treet agent and registered office on file with the treet agent and registered office on file with the treet agent and registered office on file with the treet agent agen	
	Soundview Property Management Inc.	
	333 17th Street, Suite A	
	Vero Beach, FL 32960	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	Becker & Poliakoff, P.A.	
	401 SE Osceola Street, First Floor	
	Stuart, FL 34994  P.O. Box NOT acceptable	
The street addre	ess of its registered office and the street address of the business office of its registered agent, 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.		
mes	gaslar pres. James Gagley	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.  Date  Printed or typed name and title	
It signing on behalf of an entity:		
Jane L. Cornett, Esq.  Typed or Printed Name		
1;	\bea \cdot \	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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