

NO40000067923

TRIPP SCOTT

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

PP
4/9/09
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**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 Medici Association, Inc.
2. The principal office address: 1033 NE 17th Way, #200
Fort Lauderdale, FL 33304
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/12/2004 Document number: N04000007923
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)

Sheldon S. Goldberg
4800 N. State Road 7, Suite 105
Lauderdale Lakes, FL 33319

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

Tripp Scott, P. A.
110 SE 6th Street, 15th Floor
(P.O. Box NOT acceptable)
Fort Lauderdale, FL 33301

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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.

[Signature]
(Signature of an officer or director)

Derrick Cerge
~~Michael Barbero~~, President
(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.

Lindsay Raphael
(Signature of Registered Agent)

4/2/09
(Date)

If signing on behalf of an entity:

Lindsay Raphael, Esq.
(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 (8/05)