ND400001849

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



200136854072

10/17/08--01010--025 **35.00

ON OCT 17 PH 2: 01

RA RO Ch8

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: VILLA RICA TOWN HOMES ASSOC (Name of Co	CIATION, INC. rporation)		
DOC	UMENT NUMBER: N04000011849			
The er	closed Statement of Change of Registered Office/	Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter	to the following:		
Joshua Gerstin, Esq. (Name of Contact Person)				
	(Name of Conf	act Person)		
	Gerstin &	Associates		
	(Firm/Cor	npany)		
	1499 West Palmetto (Addre	Park Road, Suite 412 ess)		
	Boca Rato (City/State and	on, FL 33486 I Zip Code)		
For fu	ther information concerning this matter, please ca			
	Joshua Gerstin, Esq. (Name of Contact Person)	at (561) 750-3456 (Area Code & Daytime Telephone Number)		
Enclos	ed is a \$35.00 check made payable to the Departn	nent 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

•		17.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Florida		
in orde	r to change its registered office or	registered agent, or both, in the State of Florida.		
1. The name of t	he corporation: <u>VILLA RICA </u>	TOWN HOMES ASSOCIATION, INC.		
2. The principal	office address: 4420 N.E. 5TH	AVENUE, BOCA RATON FL 33431		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 12/21/200	4 Document number: N04000011849)	
	I street address of the current regist trment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)		
	KNIPP, TAMMY			
	4420 NE 5TH AVENUE	· 		
	BOCA RATON FL 33431		08	DIVISI
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office	09 OCT 17	DIVISION, OF C
	Gerstin & Associates		PH	CORPO
	1499 West Palmetto Park I (P.O. Box NOT ac		2:01	RATIONS
	Boca Raton, FL 33486			99
The street addreas changed will	ess of its registered office and the be identical.	street address of the business office of its registe	ered agent	i,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an officer een notified in writing of the change.	so	
(Signate	are of an other for director)	(Printed or typed name and tifle)		
I further agree i of my duties, an document is bei	to comply with the provisions of a	tent and agree to act in this capacity. All statutes relative to the proper and complete po The obligation of my position as registered agent, The in the registered office address, I hereby confi Thange.	erformand Or, if th rm that th	ce is ie
		10/15/08		•
//	madure of Registored Agent) half of an entity:	(Date)		
(7	Joshua Gerstin Typed or Printed Name)	-		

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