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RAPO Change

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Athena at Olympia Pointe Association, Inc.

Name of Corporation

DOCUMENT NUMBER: NO500001848

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:

Christina Harris Schwinn, Esq.

Name of Contact Person

Pavese Law Firm

Firm/Company

1833 Hendry Street

Addres

Fort Myers, FL 33901

City/State and Zip Code

chs@paveselaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Harris Schwinn

, 239

334-2195

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
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

=	nnge is submittea r to change its re	_	=	=						
1. The name of	the corporation:	Athe	na at Ol	ympia F	Pointe /	Asso	ciation, In	c.		
2. The principal	office address:_	6310	Capital	Drive,	Suite	130,	Lakewood	Ranch,	FL	34202
3. The mailing a	address (if differe	ent):								- -
4. Date of incorp	poration/qualific	ation: C	2/14/20	05	_ Docum	ent nur	nber: N050	00001	848	
	d street address or timent of State: (and regis	stered o	office on file	with the		
	Christian F	. O'Ry	an					_		
	2701 N. Ro	cky P	oint Driv	ve - Sui	e 900					
	Tampa, FL	3360)7				مندی افغانه افغانه	平 .	三	
6. The name and (if changed):	d street address o		-	_	changed) and /o	or registered o	office SEE	1911 HAY 20 P	FILED
	Christina H	arris S	Schwinn					- F.W	PH 2: 3U	
	1833 Hend	ry Str		ox NOT accep				- OR 101	ني ا	
	Fort Myers	FL 3		ox NOT accep	шоне			रर		
Such change wa	ess of its register be identical. as authorized by ne board, or the	resoluti corporat			ts board I in writi	of dire ng of tl		n officer s		gent.
I hereby accept I further agree performance of ageny Or, if th hereby gonfirm	the appointmen to comply with t my duties, and i is document is b that the corpore	t as rega he provi l am fan eing file stion ha	istered age isions of ai illiar with ed merely t s been not	ent and aga ll statutes and accep to reflect a ified in wr					sterea ss, I	į
Klestere Sig	hature of Registered A	igent	<u>~_</u>		<u> </u>	//3	Date Date	4		
If signing on be	half of an entity	:								
7	yped or Printed Name									
		*	* * FILIN	G FEE: S	35.00 * *	· *				