Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000148342 3)))



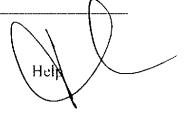
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To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:___

REGISTERED AGENT CHANGE MODENA PLACE CONDOMINIUM ASSOCIATION, INC.

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COVER LETTER

TO: A

Amendment Section Division of Corporations

15129570210

MODENA PLACE CONDO	MINIUM ASSOCIATION, INC.			
SUBJECT:				
NOFOOO	NEEEO			
DOCUMENT NUMBER: NO50000	100006			
The enclosed Statement of Change of Registered (Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this n	natter to the following:			
Vanessa Castillo				
Name of Contact Person				
Registered Agent Solutions, Inc.				
Firm/Company				
Corporate Center One, 5301 Southwest Pkwy, Ste 400	ı	_		
Address		. .		
Austin, Texas 78735				
City/State and Zip Code		-		
		<u>د،</u> د		
E-mail address: (to be used for future annual r	report notification)	•		
(,	:		
For further information concerning this matter, plo	ease call:	ා ය		
Vanessa Castillo	, 888 , 705-7274			
Name of Contact Person	at (888) 705-7274 Area Code & Daytime Telephone	Number		
Enclosed is a \$35.00 check made payable to the D	repartment of State.			
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607,050, inge is submitted for a corpora er to change its registered office	tion organized	under the la	ws of the State o	of Florida
The name of The principal	the corporation: MODENA office address: 380 10th FI 34102	PLACE (·		
	address (if different): PO Bo		<u>nellas F</u>	Park, FL 3	33781
4. Date of incor	poration/qualification: 5/26/	/2005	_ Document	_{number:} N05	5000005558
	d street address of the current re rtment of State: (If resigned, en		and registere	ed office on file	with the
	WILLIAM B. YE	EOMAN	S, JR.		
	975 6TH AVE SOUTH	-	SUIT	E 200	
	NAPLES		FL	34102	
6. The name and (if changed):	Registered Ager 155 Office Plaza	nt Solution a Dr.	ons, Ind Suite A	> .	office .2
	Tallahassee	P.O. Box NO	3230 3230)1	
The street address changed will	ess of its registered office and be identical.	the street addi	ess of the bu	isiness office o	f its registered agent,
Such change wa authorized by the	as authorized by resolution du he board, or the corporation ha	ly adopted by as been notifie	its board of d	directors or by of the change.	an officer so
	e Smigliani		cole Sm	igliani	Authorized Signer
I hereby accept I further agree of my duties, ar document is bet corporation ha	the appointment as registered to comply with the provisions and I am familiar with and acceing filed merely to reflect a chis been notified in writing of the		ree to act in relative to th on of my pos gistered offic		
	mature of Registered Agent	4	/20/202	Date	
•	chalf of an entity:				
	er, Assistant Secretary				
	yped or Printed Name				
	•	LING FEE:	\$35.00 * * *		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Cr2E045 (04/13)