N05000006674

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R.A. Change

9/3/18

COVER LETTER

TO:	FO: Amendment Section Division of Corporations					
SUBJECT: Visconti East Condominium Association Inc						
	(Name of Corporation)					
DOCUMENT NUMBER: N05000006674						
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:						
	Angela Middleton (Name of Contact Person)					
Leland Management Inc.						
(Firm/Company)						
5955 T.G. Lee Blvd Suite 300 (Address)						
	Orlando, FL 32822-4457					
	(City/State and Zip Code)					
For further information concerning this matter, please call:						
Angel	a Middleton at (407) 781-1409 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
	(Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

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

statement of cha	provisions of sections 607.0502, 617.0502, inge is submitted for a corporation organiza or to change its registered office or registere	ed under the laws of the State of <u>F</u>	lorida		
1. The name of	the corporation: Visconti East Condominium	m Association, Inc.			
	office address: 5955 T.G. Lee Blvd Suite 3	300	· - ·		
Orlando, FL	. 32822-4457				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 06/28/2005	Document number: N0500000	06674		
	d street address of the current registered age timent of State:	ent and registered office on file with	ı the		
	Barbara Gaziano				
	12791 W Forest Hill Blvd., Ste 5	3	7 23		
	Wellington FL 33414		SECR ALLA		
Wellington FL 33414 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Leland Management Inc.		F.S.		
	5955 T.G. Lee Blvd Suite 300		PH 1:12 EE.FLORIE		
	(P.O Box NOT acceptable) Orlando, FL 32822-4457		3.7		
The street addr	ess of its registered office and the street at be identical.	ddress of the business office of its	registered agent,		
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.					
Rall /	ure of ah officer oddirector)	Robert Hoppenfeld (Printed or typed name and to	Presiden)		
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as registered agent and to comply with the provisions of all statuded I am familiar with and accept the obliging filed merely to reflect a change in the s been notified in writing of this change.	agree to act in this capacity tes relative to the proper and com ation of my position as registered registered office address, I hereb	plete performance l agent. Or, if this y confirm that the		
- (S	gnature of Registered Agent)	(Date)			
If signing on bo	ehalf of an entity:				
Rebecca Fur	IOW Typed or Printed Name)				
* * * FILING FEE: \$35.00 * * *					
EIDELIG EIDE ODOLOG					

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

CR2E045 (8/05)