

N 05000007901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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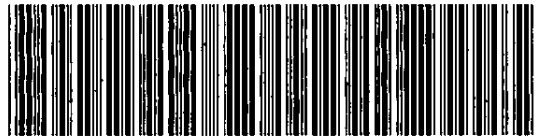
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FEB 22 2010

EXAMINER



GREENSPOON MARDER

A PROFESSIONAL ASSOCIATION

From the Desk of:

DAVID R. LENOX
Capital Plaza I, Suite 500
201 East Pine Street
Orlando, Florida 32801
(407) 425-6559 (Office)
(407) 563-9645 (Direct Fax)
(407) 422-6583 (Fax)
David.Lenox@greenspoonmarder.com

February 18, 2010

VIA FEDERAL EXPRESS

Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Change of Registered Agent

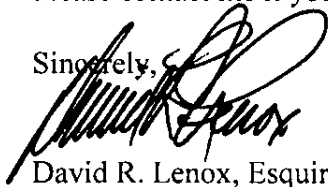
Dear Madam or Sir:

The enclosed Statement of Change of Registered Agent and filing fee in the amount of \$35.00 are submitted for filing. Please return all correspondence concerning this matter to the following:

David R. Lenox, Esq.
Greenspoon Marder, P.A.
201 East Pine Street, Ste. 500
Orlando, FL 32801

Please contact me if you have any questions.

Sincerely,



David R. Lenox, Esquire

DRL/pa

Enclosures

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www.greenspoonmarder.com
888-491-1120

Locations Throughout Florida

Fort Lauderdale

Orlando

Hollywood

Boca Raton

West Palm Beach

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mosasic At Millenia Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000007901

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:

David Lenox, Esquire
Name of Contact Person

Greenspoon Marder, P.A.
Firm/Company

201 E. Pine Street, Ste. 500, Orlando, FL 32801
Address

Orlando, FL 32801
City/State and Zip Code

david.lenox@gmlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Lenox, Esquire at (407) 425-6559
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**

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: Mosaic At Millenia Condominium Association, Inc.
2. The principal office address: c/o Management Office
3573 Conroy Road, Orlando, FL 32839
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/11/2008 Document number: N05000007901

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)

Marlene L. Kirtland, Esq.

Becker & Poliakoff, P.A.

2500 Maitland Center Pkwy., Ste. 209, Maitland, FL 32751

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

David Lenox, Esquire


Greenspoon Marder, P.A.

P.O. Box NOT acceptable

201 E. Pine Street, Ste. 500, Orlando, FL 32801

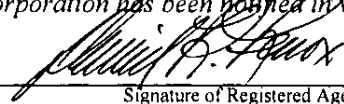
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

KATRINA LaFAY
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.


Signature of Registered Agent

2/12/10
Date

If signing on behalf of an entity:

David Lenox
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)