N05000009874

2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 220310-P (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies ____ Certificates of Status Special Instructions to Filing Officer:

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220310

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

| | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nange is submitted for a corporation organized under the laws of the State of FLORIDA |
|--|--|
| | ler to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of | the corporation: PORTOFINO AT PONTE VEDRA CONDOMINIUM ASSOCIATION, INC. |
| 2. The principa | al office address: 2180 W SR 434 STE 5000 |
| | LONGWOOD FL 32779-5044 |
| 3. The mailing | address (if different): |
| 4. Date of incor | rporation/qualification: 09/23/2005 Document number: N05000009874 |
| | nd street address of the current registered agent and registered office on file with the artment of State: |
| | SPEECHLY JR, CLIFFORD S MR |
| | 4380 US HWY 1 |
| | VERO BEACH FL 32967 Vero BEACH FL 32967 Vero BEACH FL 32967 |
| 6. The name an (if changed): | as street dadress of the new registered agent (if changed) and for registered office |
| | JAMES W HART JR |
| | 2180 W SR·434 STE 5000 |
| | (P.O. Box NOT acceptable) LONGWOOD FL 32779-5044 |
| | |
| The street addr as changed wil | ress of its registered office and the street address of the business office of its registered agent, ll be identical. |
| Such change w authorized by t | vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. |
| (Signat | ture of an officer or director) MITCHELL A. WARD, PRES. (Printed or typed name and title) |
| I hereby accept I further agree of my duties, ar document is be corporation ha | It the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performance and familiar with and accept the obligation of my position as registered agent. Or, if this principle price in the registered office address, I hereby confirm that the associated in writing of this change. |
| (8) | Z/21 08 (Date) |
| If signing on be | ehalf of an entity: |
| JAMES W | · |
| | (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