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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Villa Castille Cons Name of Corpo	dominium Association
DOCUMENT NUMBER: N 0 5 0000 10	290
The enclosed Statement of Change of Registered Office/Ag	
Please return all correspondence concerning this matter to	<u> </u>
Name of Confact	1 013(/11
Stevens - Golde	iny P.A.
2 S. University Address	
Plantation F City/State and Zi	Code 33324
E-mail address: (to be used for future	
For further information concerning this matter, please call:	
Name of Contact Person at	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department	t 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

CR2E045 (03/12)

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Villa Castille Conduminium Association
2. The principal office address: 1/45 Saugras Corporate PKwy Suncise FC 33323
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/5/2005 Document number: NOS0000 10290
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)
Becker + Polia Koff PA.
1 East Browned Blad Suik 1800
Fort La-derdale FL J3301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Stevens i Goldwyn, P.A.
2 South University Drive Suite 329
Plantation FL 33324
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 Signature of an officer or director Signature of an officer or director Printed or typed name and title
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
f signing on behalf of an entity: Srian 3. Golden
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 (03/12)