## NGC0006134

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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Amendment S Division of Co	ection progrations			
SUBJECT:	  le Villas Condominium Assoc	ciation, Inc.		
Name of Corporation				
DOCUMENT NUME	N06000001134			
	nt of Change of Registered Office/Agent	and fee are submitted for filing.		
Please return all corres	spondence concerning this matter to the	following:		
C	 parles Evans Glausie			
	Name of Contact Pe	rson		
Gausier Knight, PLLC				
1	Firm/Company			
400 N. Ashley Drive, Ste. 2020				
	Address			
Tjampa, FL 33602				
City/State and Zip Code				
cglausier@glausierknight.com				
E-mail address: (to be used for future annual report notification)				
1				
For further information	n concerning this matter, please call:			
Charles Ev	ans Glausier	313 440-4600 Trea Code & Daytime Telephone Number		
Name	of Contact Person A	rea Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
ļ	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

CR2E045 (03/12)

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

•	- 11	ns of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	- 11	ubmitted for a corporation organized under the laws of the State of Florida
in order	to cha	nge its registered office or registered agent, or both, in the State of Florida.
I. The name of th	ie corpo	oration: Glendale Villas Condominium Association, Inc.
2. The principal o	office <sub>i</sub> a	ddress: 17824 N. US Hwy 41, Lutz, FL 33549
	- 1	
3. The mailing ad	dress (	if different):
, <b>,</b>		
4. Date of incorpo	oration,	/qualification: 02/02/2006 Document number: N0600001134
5. The name and s	street a	ddress of the current registered agent and registered office on file with the f State: (If resigned, enter resigned)
(	Cha <u>r</u> l	les Evans Glausier
-	1801	N. Highland Avenue
_	ii	
	Tamp	pa, FL 33602
6. The name and s (if changed):	street a	ddress of the new registered agent (if changed) and /or registered office
(	Charl	les Evans Glausier 교육 물
_	400 N	N. Ashley Drive, Suite 2020
_		P.O Box NOT acceptable
_		pa, FL 33602
The street addres as changed will b	ا s of its e iden	registered office and the street address of the business office of ingregistered agent, tical.
Such change was authorized by the	authoi board	rized by resolution duly adopted by its board of directors of by an officer so, or the corporation has been notified in writing of the change?
1 - 12		Sellic Tony Marsella, President
I hereby accept the further agree to performance of magent. Or, if this	he appo compi sy dutie docum	pintment as registered agent and agree to act in this capacity.  by with the provisions of all statutes relative to the proper and complete  es, and I am familiar with and accept the obligation of my position as registered  nent is being filed merely to reflect a change in the registered office address. I  corporation has been notified in writing of this change.
Char	luci	6 DEC17
Signa	ture of R	egistered Agent Date
If signing on beha	alf of a	n entity:
Тур	ed or Prij	iled Name
	ļ	* * * FILING FFF: \$35.00 * * *

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