NO6000001285

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100215226921

ON THE SOURCE STATES

DEPARTMENT OF STAIL DEC 20 AN ID 4

11 DEC 20 PM 12

FILED

R-A Chg. C.COULLIETTE

DEC 2 0 2011

EXAMINER



ON SERVICE COMPANY.
ACCOUNT NO. : 12000000195
REFERENCE : 025872 7862876
AUTHORIZATION Spulsele man
COST LIMIT : \$35.00
ORDER DATE : December 14, 2011
ORDER TIME : 9:52 AM
ORDER NO. : 025872-010
CUSTOMER NO: 7862876
CHANGE OF AGENT
NAME: VILLA MEDICI CONDOMINIUM ASSOCIATION, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Stephanie Milnes EXT# 2920

EXAMINER:

FILED

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

statement of cha	unge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes on organized under the laws of the State of FL or registered agent, or both, in the State of Florida.		_	
1. The name of	the corporation: VILLA MEDI	CI CONDOMINIUM ASSOCIATION, INC	•		
	office address: 8539 Gate Park				
	L DI 2001/				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 2/3/2006	Document number: N0600000128:	5		
5. The name and		stered agent and registered office on file with the			
	Patriot Residential Managen	nent Service LLC			
	3020 Hartley Road, Suite 3	10			
	Jacksonville, FL 32257				
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office		1 DEC 20 PH 12: 3	- 100
	Corporation Service Compar	ny	SEE, FLORI	PH	7
	1201 Hays Street		30.17 VIS	<u>12:</u>	
	(P.O. Box NOT's	ecceptable)	AGIS 3.E	3	
	Tallahassee, FL 32301				
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its regist	ered age	nt,	
		adopted by its board of directors or by an officer been notified in writing of the change.	so		
Maure	- achel	Maureen Cathell, Vice President			
. 5	ire of an officer or director)	(Printed or typed name and title)		_	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan s been notified in writing of this o on Service Company	gent and agree to act in this capacity. all statutes relative to the proper and complete p the obligation of my position as registered agent ge in the registered office address, I hereby confi change.	erformar . Or , if t rm that t	ıce his he	
D	as descent	December 16, 2011			
(Sig	gnature of Registered Agent)	(Date)		_	
If signing on be	half of an entity:				
Grace E. Kirb	y, Assistant Vice President	_			
Г)	'yped or Printed Name)	_			

* * * FILING FEE: \$35.00 * * *