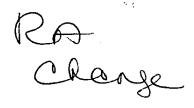
N060000003046

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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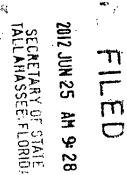
Office Use Only



900236599659



06/25/12--01014--017 **35.00



6/28/12

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: VILLAGE WALK MASTER HOA, INC.					
Name of Corporation					
DOCUMENT NUMBER: N0600003046					
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:					
ROBERTO C. BLANCH, ESQURIE					
Name of Contact Person					
SECEDIED DIVERA LERNED ET AL					
SIEGFRIED, RIVERA, LERNER, ET AL Firm/Company					
201 Alhambra Circle, Suite 1102					
Address					
Coral Gables, FL 33134 City/State and Zip Code					
rblanch@slegfriedlaw.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Roberto C. Blanch at (305) 442-3334					
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

Tallahassee, FL 32314

P.O. Box 6327

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (8/05)

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

Pursuant to the provisions of sections 60 statement of change is submitted for a co				
in order to change its registere				
The name of the corporation: VILLA The principal office address: 1145 S				NC.
3. The mailing address (if different): SA	ME			
4. Date of incorporation/qualification:	3/17/2006	Document number:	N06000003046	
5. The name and street address of the cur Florida Department of State: (If resign			ile with the	
SIEGFRIED, RIVE	RA, LERNER,	DELATORRE & SOBE	<u> </u>	* (
201 ALHAMBRA C	IRCLE			
CORAL GABLES,	FL 33134		2 JU	
6. The name and street address of the new (if changed):	v registered agent ((if changed) and /or registere	TALLARY CONTROL	
SKRLD, INC.		31 473143		Ģ.
201 ALHAMBRA C				28
CORAL GABLES,	P.O. Box NOT a FL 33134	ссериов	2,	
The street address of its registered offices as changed will be identical.	e and the street ad	dress of the business office	of its registered agent,	
Such change was authorized by resoluti authorized by the board, or the corporat	ion duly adopted b tion has been notif	y its board of directors or lifed in writing of the chang	by an officer so e.	
Signature of an officer or director		DAVID ANDRAD	E HOA PRE DE	N _T
I hereby accept the appointment as regi I further agree to comply with the provi of my duties, and I am familiar with and document is being filed merely to reflec corporation has been notified in writing	istered agent and a sions of all statute d accept the oblige t a change in the i g of this change.	**	i e	
Signature of Registered Agent	······································	6/20	1/12	
If signing on behalf of an entity:		Date		
Lisa, A. Lenner, D. Typed or Printed Name	irector			

* * * 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)