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10/19/15--01049--015 **35.00





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

ursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, atoment of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	this
The name of the corporation: Village Walk Master Homeowners' Association, In	c.
The principal office address: c/o Mirza Basulto & Robbins, LLP	
14150 NW 77 Court, Suite 22, Miami Lakes, FL 33016	· <u>, </u>
. The mailing address (if different):	
. Date of incorporation/qualification: 3/17/06 Document number: N060000030)46
. 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)	
Mirza Basulto & Robbins, LLP	
14160 NW 77 Court, Suite 22	
Miami Lakes, FL 33016	5
i. The name and street address of the new registered agent (if changed) and /or registered office is (if changed):	OCT 19 A
. Steven Katz, Esq.	
Kubicki Draper, One East Broward Blvd., Suite 1600	
Fort Lauderdale, FL 33301	u u
The street address of its registered office and the street address of the business office of its registers changed will be identical.	ered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.	
Maggie Mae Plouffe Professor	c wy
I 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 pasition as reg agent. Or, if this document is being filed merely to reflect a change in the registered office address hereby confirm that the conforation has been notified in writing of this change.	istered SSS, I
October 8, 2015	
Signature of Resolvered Agent If signing on behalf of an entity:	
Typed or Printed Name * * * FILING FEE: \$35.00 * 4 *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Cr2E045 (03/12)