

**N06000006038**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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15 MAY 28 PM 3:24  
DIVISION OF CORPORATIONS

JUN 4 2015  
C LEWIS

300 North Maitland Ave.  
Maitland, Florida 32751  
T | 407.539.3900 F | 407.539.0211

*Attorneys at Law*



Erik F. Whynot, Esq.  
EWhynot@likeyourlawyer.com

May 22, 2015

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Village Townhomes Condominium Association, Inc.  
Change of Registered Agent**

Dear Sir / Madam:

Enclosed please find the *Statement of Change of Registered Office or Registered Agent or Both for Corporations* which has been properly completed by this office. Furthermore, enclosed please find a check made payable to the Florida Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed above.

Sincerely,

KATZMAN GARFINKEL

Erik F. Whynot, Esquire  
Partner

EFW/drc  
Enclosures

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Village Townhomes Condominium Association, Inc.
2. The principal office address: 401 CENTERPOINTE DRIVE 1565  
ALTAMONTE SPRINGS, FL 32701
3. The mailing address (if different): PO BOX 160128 ALTAMONTE SPRINGS, FL 32716
4. Date of incorporation/qualification: 06/05/2006 Document number: N06000006038
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)

LUMPKIN, ELLEN  
461 AIA BEACH BLVD  
ST. AUGUSTINE, FL 32080

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KATZMAN GARFINKEL  
5297 WEST COPANS ROAD  
P.O. Box NOT acceptable  
MARGATE, FLORIDA 33063

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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.

Bill MacMillan  
Signature of an officer or director

Bill MacMillan  
Printed or typed name and title

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 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]  
Signature of Registered Agent

8/13/15  
Date

If signing on behalf of an entity:

Alan B. Garfinkel, ESQ.  
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 (8/05)