N060000007342

(Requestor's Name)	
(Address)	000162202120
(Address)	000102202120
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	•
(Business Entity Name)	11/02/0901026025 **280.00
(Document:Number)	e e e e e e e e e e e e e e e e e e e
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down ning.

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

statement of cha	nge is submitted for a co	rporation organiz	607.1508, or 617.1508, Flow ed under the laws of the State ed agent, or both, in the State	_{e of} <u>Florida</u>
1. The name of t	the corporation: Mirab	ella Villas Co	mmons Association	n, Inc.
2. The principal	office address: 4002 D	el Prado Blvd.	South	
	al, FL 33904			
3. The mailing a	ddress (if different):	, <u>, , , , , , , , , , , , , , , , , , </u>		
4. Date of incorp	poration/qualification:	7/11/06	Document number:	N06000007342
	I street address of the cur tment of State: (If resign		ent and registered office on fi	le with the
	Hodgdon, Samuel	K		
	14241 Metropolis	Avenue		
	Fort Myers, FL 33	912		ZONO NOV
6. The name and (if changed):	l street address of the nev	w registered agent	(if changed) and /or registered	AR SS
	BECKER & POLIA	KOFF, P.A., C	/O JOSEPH E. ADAMS	S PROP P D
	BECKER & POLIAKOFF, P.A., C/O JOSEPH E. ADAMS 12140 CARISSA COMMERCE CTR, 200 P.O. Box NOT acceptable			
	37			
	FORT MYERS, FL	33966		
The street address changed will	ess of its registered office be identical.	ce and the street a	ddress of the business office	e of its registered agent,
Such change was authorized by the	as authorized by resolut he board, or the corpora	ion duly adopted tion has been noti	by its board of directors or fired in writing of the chang	by an officer so e.
Signatu	re of an officer or director		Printed or typed nam	e and title
I hereby accept I further agree of my duties, an document is be corporation ha.	the appointment as heg to comply with the provid Id I am familiar with an ing fileli merely for eflec s been notified to writin	istered agent and isions of all statui d accept the oblig ct a change in the g of this change.	agree to act in this capacit tes relative to the proper an ation of my position as reg registered office address, I	d complete performance istered agent. Or, if this hereby confirm that the
	gnature of Registered Agent	····	Date	-8,09
	ehalf of an entity:			
	Robert A. Lee, Jr. Typed or Printed Name			

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