

N06000007366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

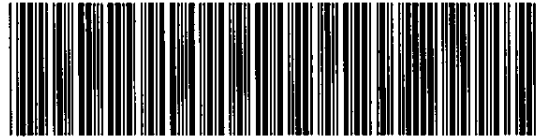
(Document Number)

Certified Copies None

Certificates of Status One

Special Instructions to Filing Officer:

Office Use Only



800162202148

11/02/09--01026--025 **280.00

2009 NOV -2 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

R.A.

TB

NOV - 4 2009

**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: Mirabella Villas 6 Condominium Association, Inc.
2. The principal office address: 4002 Del Prado Blvd. South
Cape Coral, FL 33904
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/11/06 Document number: N06000007366
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)

KUSHNER, STEVEN P. ESQ.

14241 Metropolis Avenue

Fort Myers, FL 33912

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

BECKER & POLIAKOFF, P.A., C/O JOSEPH E. ADAMS

12140 CARISSA COMMERCE CTR, 200

P.O. Box NOT acceptable

FORT MYERS, FL 33966

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.

Signature of an officer or director

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 of Registered Agent

Date

If signing on behalf of an entity:

Robert A. Lee, Jr.

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)

FILED
2009 NOV -2 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA