1060000007369

(Requestor's Name)		
(Address)	90016220213	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	11/02/0301026025 **2	
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NOV - 4 2009

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or nge is submitted for a corporation organized under the r to change its registered office or registered agent, or b	laws of the State o	f Florida
1. The name of t	the corporation: Mirabella Villas 7 Condomir	<u>nium Associa</u>	ation, Inc.
	office address: 4002 Del Prado Blvd. South		
	ddress (if different):		
4. Date of incorp	poration/qualification: 7/11/06 Document	nt number:	N06000007369
	I street address of the current registered agent and register trment of State: (If resigned, enter resigned)	ered office on file	with the
	KUSHNER, STEVEN P. ESQ.		<u></u>
	14241 Metropolis Avenue		
	Fort Myers, FL 33912		2009 NOV
6. The name and (if changed):	I street address of the new registered agent (if changed) BECKER & POLIAKOFF, P.A., C/O JOSEP	and /or registered	ARY SSE
	BECKER & POLIAKOFF, P.A., C/O JOSEP	H E. ADAMS	PH 12: 56 OF STATE EE, FLORIDO
	12140 CARISSA COMMERCE CTR, 200		D STATE STATE LIZ: 56
	P.O. Box NOT acceptable FORT MYERS, FL 33966		T- 0
	ess of its registered office and the street address of the be identical.		
authorized by the	as authorized by resolution duly adopted by its board he board, or the corporation has been notified in writing	ng of the change.	an officer so
		Printed or typed name ar	
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and agree to act to comply with the provisions of all statutes relative to ad I am familiar with and accept the obligation of my ing filed merely to reflect a change in the registered of s been notified in writing of this change.	in this capacity, o the proper and coposition as registe ffice address, I he	complete performance ered agent. Or, if this ereby confirm that the
Sig	gnature of Registered Agent	U - S	-09
If signing on be	ehalf of an entity:		
	Robert A. Lee, Jr. Typed or Printed Name		

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