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COVER LETTER

TO: Reg	sistration Section ision of Corporations	
SUBJECT:	VENETIAN PLACE CONDOMINIUM ASSO	OCIATION, INC.
		nited Liability Company
Dear Sir or	Madam:	
The enclose	d Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter	to the following:
DENNISE R	AMOS	
	Name of Person	
VENETIAN	PLACE CONDOMINIUM ASSOCIATION, IN	C.
	Firm/Company	
5749 GATLI	N AVENUE	
-	Address	
ORLANDO I	FL 32822	
	City/State and Zip Code	
DENNISE.RA	AMOS@VENETIAN-HOA.COM	
E-mail	address: (to be used for future annual report	notification)
For further in	nformation concerning this matter, please ca	11:
DENNISE.RA	AMOS 407	7 384-6448
	Name of Person	Area Code & Daytime Telephone Number
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	osed is a check for the following amount:	□ \$55 Filing Fee & Certified Copy QECE'NE
≅ \$2	5 Filing Fee	□ \$55 Filing Fee & Certified Copy QECE 7 101
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	VENETIAN PLACE CONDON	MINIUM ASSOCIAT	TION, INC.
BOIM		Name of Limited 1	Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	Office Change and	f fec(s) are submitted for filing.
Please	return all correspondence concernir	ig this matter to the	following:
DENN	ISE RAMOS		
	Name of Person	•	
VENE	TIAN PLACE CONDOMINIUM ASSO	OCIATION, INC.	
	Firm/Company		
5749 (GATLIN AVENUE		
	Address		_
ORLA	NDO FL 32822		
	City/State and Zip Co	de	
DENN	ISE.RAMOS@VENETIAN-HOA.COM	4	
Ī	E-mail address: (to be used for future	annual report noti	fication)
For fu	rther information concerning this ma	itter, please call:	
DENN	IISE.RAMOS	407 at (384-6448
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	■ \$25 Filing Fee	<u> </u>	S55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	me of the limited liability company: VENETIAN PLAC	E CO	טאכ	OMINIUM	ASSOCIATIO)N, INC.		
2. (a)	5749 GATLIN AVENUE		(b)	5749 GAT	TLIN AVENUE			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-)		Mailing address of (Note: MAY E		-	
	5749 GATLIN AVENUE			5749 GAT	LIN AVENUE			
	ORLANDO FL 32822	_		ORLAND	O FL 32822			
	07/13/2006		ì	106000007	439			
3.	Date of filing/registration in Florida	4.	_		Document nu	mber		
5. (a)	GUERRERO, ANA M							
5. (a)	Registered Agent and Registered Office shown on the records of the	he Flo	rida i	Dept. of Stat	te:			
	5749 GATLIN AVENUE							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_				
	5749 GATLIN AVENUE							
	ORLANDO, FL	3282:	2		_		2021 SEP 17	-
(b)	DENNISE RAMOS				_	224 - 4 21 - 4 24 - 4 1 - 7 - 1	EP 17	
()	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:		Y OF		نلا
	DENNISE RAMOS				.	EE, FI	AH 8:	D
	NEW Registered Office Address:					رعی است	1	
	5749 Gattin Ave				_			€Ð
	01.1	7	~ (27				
	Orlando FL		4	SCL				
change agent v	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia creauthorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regis bility f the	tere cor limi ed li	l office an npany, it i ted liabilit ability cor	nd the business is hereby confi ty company or npany.	office of rmed that as otherw	the regi the char ise prov	stered nge(s)
/	My (PRESERVENT)	-		KKCHRI	Printed or type	AZA BA	<u>mee</u> .	
I here provisi the obi to mer notifie	over of a member or authorized representative of a member of a member of a member of accept the appointment as registered agent and agree of all statutes relative to the proper and complete place of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.		act .	n this cap	pacity. I furthe	er agree to	comply	