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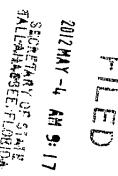
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Aviano Carriage Homes II Condominium Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N0600000782

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Todd B. Allen, Esq.

Name of Contact Person

Goede & Adamczyk, PLLC

Firm/Company

8950 Fontana Del Sol Way Suite 100

Address

Naples FL 34109

City/State and Zip Code

todd@flcommunitylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd B. Allen, Esq.

,239

331-5100

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

-		502, 607.1508, or 617.1508, Florida Statutes, this canized under the laws of the State of Florida
-		istered agent, or both, in the State of Florida.
		Homes II Condominium Association, Inc.
2. The principal	office address: c/o Goede & Ada	amczyk, PLLC
8950 Fon	tana Del Sol Way, Suite 100	, Naples, FL 34109
3. The mailing a	ddress (if different): Same as abo	ove
4. Date of incorp	poration/qualification: 07/24/2006	Document number: N0600007782
	street address of the current registered tment of State: (If resigned, enter resigned)	d agent and registered office on file with the med)
	Gulf Breeze Mgmt. Svcs LL	.C
	8910 Terrene Court, Suite 2	200
	Bonita Springs, FL 34135	The state of the s
6. The name and (if changed):	street address of the new registered ag	gent (if changed) and /or registered office; r:
	Goede & Adamczyk, PLLC	
	8950 Fontana Del Sol Way	
	Naples, FL 34109	OT acceptable
The street addre	ss of its registered office and the stree be identical.	et address of the business office of its registered agent,
		ed by its board of directors or by an officer so notified in writing of the change.
Signatuk	e of an officer or director	David G. Michaux, President  Printed or typed name and title
I further agree to performance of t agent. Or. if this	the appointment as registered agent a comply with the provisions of all sto my futies, and I am familiar with and a dicument is being filed merely to re hat the corporation has been notified	atutes relative to the proper and complete accept the obligation of my position as registered flect a change in the registered office address. I
	ature of Registered Agent	5/2/2012
$\nu$		Date
If signing on beh		•
	en, Esq. for the Firm	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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