## N06000007869

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## **COVER LETTER**

TO: Amendme Division o	nt Section f Corporations		
SUBJECT:	Villa Rustica I Condomir	nium Association, Inc. Corporation	
DOCUMENT NU	MBER: NO	6000007869	· · · · · · · · · · · · · · · · · · ·
The enclosed State	ment of Change of Registered Offi	ce/Agent and fee are submitted t	for filing.
Please return all co	prespondence concerning this matt	er to the following:	
		os Vieira	
	Name of C	ontact Person	
		ninium Association, Inc.	
	FIIIIV	company	
18802 N.W. 57 Avenue			<del>,</del>
Address			
	Miami,	FL 33015	. <u></u>
	City/State a	and Zip Code	
vrustica1@gmail.com  E-mail address: (to be used for future annual report notification)			
	E-mail address: (to be used for	iuture annuai report notificati	on)
For further informa	ation concerning this matter, please	call:	
	Marcos Vieira	at ( 305 )	622-6702
Nar	ne of Contact Person	at (305) Area Code & Daytime T	elephone Number
Enclosed is a \$35.0	00 check made payable to the Depa	rtment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corpor Clifton Building 2661 Executive Ce	ations nter Circle
		Tallahassee, FL 32	301

CR2E045 (8/05)

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

~	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	ne corporation: Villa Rustica I Condominium Association, Inc.
2. The principal	office address: 18802 N.W. 57 Avenue, Miami, FL 33015
3. The mailing ac	ddress (if different):
4. Date of incorp	oration/qualification: 07/25/2006 Document number: N06000007869
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Ross B. Toyne
	150 S.E. 2ND AVENUE STE 1025
	Miami, FL 33131
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Robert E. Paige, Esq.
	9500 South Dadeland Boulevard #550
	P.O. Box NOT acceptable
•	Miami, FL 33156
The street address as changed will be	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signature	of an officer or director  KENNETH JUMP, PRESIDENT Printed or typed name and title
I hereby accept t I further agree to of my duties, and document is bein	he appointment as registered agent and agree to act in this capacity.  It comply with the provisions of all statutes relative to the proper and complete performance  It am familiar with and accept the obligation of my position as registered agent. Or, if this  g filed merely to reflect a change in the registered office address, I hereby confirm that the  been notified in writing of this change.
Mu 9 L	3-16-11
, –	dure of Registered Agent Date
If signing on beh	alf of an entity:
Тур	ped 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)