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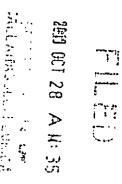
(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Vizcaya at Hodges Homeowners' Association, Inc.				
Name of Corporation				
DOCUMENT NUMBER: N06000008954				
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:				
Lynda Wick				
Name of Contact Person				
Madison Property Management Solutions, LLC				
Firm/Company				
6960 Bonneval Road, Suite 302				
Address				
Jacksonville, FL 32216				
City/State and Zip Code				
irichardson@madison-solutions.net				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Irene Richardson Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number				
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 Street Address: Amendment Section Division of Corporations				

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of chan	ge is submitted for a corporation c	7.0502, 607.1508, or 617.1508. Florida Statutes, this organized under the laws of the State of <mark>Florida</mark> registered agent, or both, in the State of Florida.		
1. The name of th	e corporation: Vizcaya at Hoo	dges Homeowners' Association, Inc.		
2. The principal o	office address: 6960 Bonneva le, Florida 32216	I Road, Suite 302		
	dress (if different):			
4. Date of incorpo	oration/qualification: 08/23/200	06		
	street address of the current registement of State: (If resigned, enter re	ered agent and registered office on file with the esigned)		
_	First Coast Association Management, LLC			
11555 Central Parkway, Suite 801				
- -	Jacksonville, FL 32216			
6. The name and: (if changed):	street address of the new registered	d agent (if changed) and for registered office		
i -	Madison Property Manag	gement Solutions, LLC		
_	6960 Bonneval Road, Su			
	Јасksonville, Florida 322	N NOF acceptable		
		street address of the business office of its registered agent.		
Such change was authorized by the	authorized by resolution duly ad- board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.		
John Grignature	All officer or director	John E Loss Trensurer		
I further agree to performance of n assent. Or, if this	o comply with the provisions of all my duties, and I am familiar with a	ont and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.		
_ Kin	nture of Registered Agen	7/31/19		
Sign: If signing on beh	\mathcal{O}	Date		
Kim Balaskie				
	oed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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