## NO6 00000 9605

(F	Requestor's Name)		
( <i>F</i>	Address)		
( <i>f</i>	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	MAIL MAIL		
(E	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
:			

Office Use Only



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01/31/20--01007--018 ++35.00

R. WHITE FEB 2 6 26.

## **COVER LETTER**

Amendment Section Division of Corporations TO:

SUBJECT: VILLA VENETO CONDOMINIUM OW	VNERS ASSOCIATION, INC.
Name of Corporation	
DOCUMENT NUMBER: N0600009605	
The enclosed Statement of Change of Registered (	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
PETER C MCKENNEY	
Name of Contact Person	<del></del>
VILLA VENETO CONDOMINIUM OWNERS ASSO	OCIATION, INC
Firm/Company	
639 GUILD DRIVE	
Address	
VENICE, FL 34285	
City/State and Zip Code	
pmckenney36@gmail.com	
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, ple	ease call:
PETER C MCKENNEY	at (207 )776-2033  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the D	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

CR2E045 (04/13)

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

statement of che	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florid ange is submitted for a corporation organized under the laws of the State o er to change its registered office or registered agent, or both, in the State o	of FLORIC	
	the corporation: VILLA VENETO CONDOMINIUM OWNERS ASSOCIAT	•	
2. The principal	office address: 639 GUILD DRIVE, VENICE, FL 34285		
3. The mailing a	address (if different): PO BOX 412, VENICE, FL 34284		
4. Date of incor	poration/qualification: SEPTEMBER 12, 2006 Document number: N0600	0009605	
5. The name and	d street address of the current registered agent and registered office on file rtment of State: (If resigned, enter resigned)		
	STEVE IGNOTIS (RESIGNED)		
	636 GOLF DRIVE		
	VENICE, FL 34285		2020 J
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):			.31
	PETER C. MCKENNEY		~ "
	639 GUILD DRIVE		F1 10: 3h
	P.O. Box NOT acceptable VENICE, FL 34285		34
The street address changed will	ess of its registered office and the street address of the business office of the business office of the identical.	f its registe	ered agent,
Such change wanthorized by the	as authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.	an officer	so
Potec	PETER C. MCKENNEY  Printed or typed name an		
Signatu	ire of an officer or director Printed or typed name an	id title	
I furthér agrée of my duties, ar document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and call lam familiar with and accept the obligation of my position as registe ing filed merely to reflect a change in the registered office address, I have sheen notified in writing of this change.	complete pe red agent, reby confi	erformance Or, if this rm that the
Ptic	M / Course JANUARY 29, 2020		
Sig	pature of Registered Agent Date	<del></del>	
If signing on be	chalf of an entity:		
<u> </u>	'yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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