N06000001098

| (| Requestor's Name) | |
|----------------------|--------------------------|---------|
| | (Address) | |
| <u>.</u> (| (Address) | <u></u> |
| (| (City/State/Zip/Phone #) | |
| PiCK-UP | WAIT MAIL | |
| (| (Business Entity Name) | |
| (| (Document Number) | |
| Certified Copies | Certificates of Status | |
| Special Instructions | to Filing Officer: | |
| · | | |
| | | |
| | | |

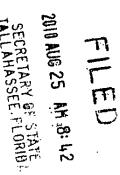
Office Use Only



600184672376



08/25/10--01015--019 **35.00



8 67/10

COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|--|--|--|
| | | | |
| SUBJECT: Villa di Mare Condominium Owners Association, Inc. Name of Corporation | | | |
| • | | | |
| DOCUMENT NUMBER: N06000011098 | | | |
| 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: | | | |
| | | | |
| Robert D. Fowner | | | |
| Name of Contact Person | | | |
| DDE 4 | | | |
| RDF Associates, Inc. Firm/Company | | | |
| 1 min Company | | | |
| 20 C Miragla Strip Borkway SW | | | |
| 29-C Miracle Strip Parkway SW Address | | | |
| | | | |
| Fort Walton Beach, FL 32548 | | | |
| City/State and Zip Code | | | |
| Pohort@rdfooogistoo.com | | | |
| Robert@rdfassociates.com E-mail address: (to be used for future annual report notification) | | | |
| | | | |
| For further information concerning this matter, please call: | | | |
| Robert D. Fowner at (850) 243-2109 | | | |
| Robert D. Fowner at (850) 243-2109 Name of Contact Person Area Code & Daytime Telephone Number | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | |
| Mailing Address: Street Address: | | | |
| Mailing Address: Street Address: Amendment Section Amendment Section | | | |
| Division of Corporations Division of Corporations | | | |
| P.O. Box 6327 Clifton Building | | | |
| Tallahassee, FL 32314 2661 Executive Center Circle | | | |

Tallahassee, FL 32301

. TO:

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida. |
|--|
| 1. The name of the corporation: Villa di Mare Condominium Owners Association, Inc. |
| 2. The principal office address: c/o RDF Associates, Inc. |
| 29-C Miracle Strip Parkway SW, Fort Walton Beach, FL 32548 |
| 3. The mailing address (if different): same as above |
| 4. Date of incorporation/qualification: 10-24-2006 Document number: N06000011098 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| Gary W. McMichael |
| Gary W. McMichael 323 Page Bacon Road, Suite 17 Mary Esther, FL 32569 |
| Mary Esther, FL 32569 Mary Esther, FL 32569 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Michelle Anchors, Esq. |
| Michelle Anchors, Esq. |
| 909 Mar Walt Drive, Suite 1022 P.O. Box NOT acceptable |
| Fort Walton Beach, FL 32547 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| Hollis Latham, President Signature of an officer or director Printed or typed name and title |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| White Market Signature of Registered Agent 8- 23-10 Date |
| If signing on behalf of an entity: |
| Typed or Printed Name |

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