

NO6000012146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

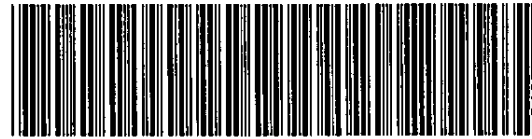
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

'APR 3 0 2013'

**T. ROBERTS**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VILLAGE EMILIA ASSOCIATION  
Name of Corporation

**DOCUMENT NUMBER:** N06000012146

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:

\_\_\_\_\_  
Name of Contact Person

LANG MANAGEMENT  
Firm/Company

21045 COMMERCIAL TRAIL  
Address

BOCA RATON, FL 33486  
City/State and Zip Code

JACKIEM@LANGMANAGEMENT.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACKIE MATHIEU at (561) 750-8800  
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

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VILLAGE EMILIA ASSOCIATION, INC.
2. The principal office address: 9700 RESERVE BLVD  
PORT ST. LUCIE, FL 34986
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11-22-2006 Document number: N06000012146

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)

DEAN MEAD SERVICES, LLC  
800 N. MAGNOLIA AVE STE 500  
ORLANDO, FL 32803

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

WILLIAM K. ISAACSON  
21045 COMMERCIAL TRAIL  
P.O. Box NOT acceptable  
BOCA RATON, FL 33486

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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.

[Signature] \_\_\_\_\_  
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.

[Signature] \_\_\_\_\_  
Signature of Registered Agent Date 3-26-13

If signing on behalf of an entity:

\_\_\_\_\_  
Typed 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 (03/12)