

N06000012356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

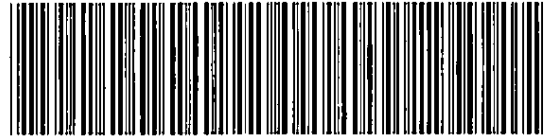
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800406832968

S. Christensen  
JUN 23 2023

04/20/23--01018--001 \*\*35.00

2023 APR 20 PM 2:54

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Marvilla Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N06000012356

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:

Michael E. Chapnick, Esq.

Name of Contact Person

Sachs Sax Caplan

Firm/Company

6111 Broken Sound Parkway, N.W., Suite 200

Address

Boca Raton, FL 33487

City/State and Zip Code

mchapnick@ssclawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael E. Chapnick, Esquire

Name of Contact Person

at ( 561 ) 237-6825

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: Marvilla Condominium Association, Inc.
2. The principal office address: 2124 N.E. 5th Avenue, Wilton Manors, FL 33311
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/01/2006 Document number: N06000012356
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)

Arlene M. Walker

773 N.W. 100th Terrace

Plantation, FL 33324

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

Associated Corporate Services, LLC

6111 Broken Sound Parkway, N.W., Suite 200

P.O. Box NOT acceptable

Boca Raton, FL 33487

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.

Norman Bennett  
Signature of an officer or director

NORMAN BENNETT, TREASURER  
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

3/21/2023  
Date

If signing on behalf of an entity:

Michael Chapick  
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  
CR2L045 (04/13)

2023 APR 20 PM 2:54