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ЭЯ)	equestor's Name)	
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(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
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OCT 1 7 2014 T. CARTER

COVER LETTER

Division of	Corporations						
SUBJECT: V	illas of Estancia Condoi	minium Association, Inc. Corporation					
	Name of	Corporation					
DOCUMENT NUM	MBER:NO	700000564					
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:							
	DANIEL W	ASSERSTEIN					
-	Name of C	Contact Person					
		RSTEIN, P.A.					
	Firm/	Company					
		AVENUE, SUITE 100					
	A	idress					
	BOCA RAT	ON, FL 33487					
	Chyrinae	and stip code					
	DANW@WASS	ERSTEINPA.COM					
E-mail address: (to be used for future annual report notification)							
	•						
For further informat	ion concerning this matter, pleas	e call:					
DANI	EL WASSERSTEIN	. 561					
	ie of Contact Person	at (561) 288-3999 Area Code & Daytime Telephone Number					
Enclosed is a \$35.00	O check made payable to the Dep	artment of State.					
	Mailing Address: Amendment Section	Street Address: 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:

Amendment Section

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

statement of che	ange is submitted for a c	orporation organiza	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Sta	te of FLORID	
1. The name of	the corporation: Villas	of Estancia (Condominium Asso	ociation, Inc)
			DRIVE SOUTH, SUITE		
JACKSON	NVILLE, FL 32216				
3. The mailing a	address (if different): N/	A			***************************************
4. Date of incor	N070000	7000000564			
	d street address of the curtiment of State: (If resign		nt and registered office on f	file with the	
	JOSE J. LEONAR	DO			
	500 S. DIXIE HIGI	HWAY, STE 204	4		
	CORAL GABLES,	FL 33146			
6. The name and (if changed):	d street address of the ne	w registered agent (if changed) and /or register	red office	SECRETAR ALLAHASS ALCOT -9
	WASSERSTEIN, I	P.A.			
	6501 CONGRESS	AVENUE, SUI	TE 100		
	P.O. Box NOT acceptable				STATE CLORID
	BOCA RATON, FL	*			Þ
The street address changed will	ess of its registered offi- l be identical.	ce and the street ad	dress of the business offic	e of its register	ed agent,
Such change wanth griden by	as authorized by resoluthy hoard or the corpora	ion duly adopted b tion has been notit	y its board of directors or led in writing of the chang	by an officer so ge.	0
Suil Marie	Mills are of an officer or director	· · · · · · · · · · · · · · · · · · ·	Arnaldo Catanho / Presid		
I hereby accept I further agree of my duties, an document is be corporation ha		istered agent and a istons of all statute d accept the oblige et a change in the i g of this change.	agree to act in this capaci es relative to the proper an ution of my position as reg registered office address, i Date		formance Or, if this n that the
Daniel	yped or Printed Name				

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