N070000564

(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:	
	1
Office Use Only	



900303400889

09/18/17--01027--006 **35.00

FILED
2017 SEP 18 PN 2: 33
Chilinal Checkfolds

C. GOLDEN SEP 1 9 2017

COVER LETTER

TO: Amendment Section Division of Corporations VILLAS OF ESTANCIA CONDOMINIUM ASSOCIATION, INC. Name of Corporation 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 WASSERSTEIN Name of Contact Person WASSERSTEIN, P.A. Firm/Company 301 YAMATO ROAD, SUITE 2199 BOCA RATON, FL 33431 City/State and Zip Code danw@wassersteinpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIEL WASSERSTEIN Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section Division of Corporations

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

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

•	* 11	ns 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
	41	a corporation organized under the laws of the State of FLORIDA stered office or registered agent, or both, in the State of Florida.	
	ī		INIC
1. The name of the o	corporation: VIII	LAS OF ESTANCIA CONDOMINIUM ASSOCIATION	, IIVC
2. The principal offi	ce address: $\frac{\angle 90}{11}$	SELOY DRIVE, ST. AUGUSTINE, FL 32084	
	<u> </u>	Al/A	
3. The mailing addre	ess (if different) 	N/A	
4. Date of incorpora	 	n: 1/18/2007 Document number: N0700000564	
5. The name and stre	eet address of th	e current registered agent and registered office on file with the esigned, enter resigned)	
W	ASSERSTE	EIN, P.A.	28
50	0 S. DIXIE	HIGHWAY, SUITE 2199, SUITE 204	2017 SEP
C	ORAL GAB	LES, FL 33146	P 18
6. The name and stre (if changed):	eet address of th	e new registered agent (if changed) and /or registered office	3 PH 2:
W	ASSERST <u>E</u>	EIN, P.A.	33
30	1 YAMATQ	ROAD, SUITE 2199	ω
	<u> </u>	P.O. Box NOT ecceptable	
BC	DCA RATO	N, FL 33431	
The street address o as changed will be i	f its registered dentical.	office and the street address of the business office of its registered agen	t,
Such change was au authorized, by the bo	thorized by resident, or the corr	olution duly adopted by its board of directors or by an officer so poration has been notified in writing of the change.	
	un alticer or director.	Roself Kleider	
		registered agent and agree to act in this capacity. registered agent and agree to act in this capacity. rovisions of all statutes relative to the proper and complete i familiar with and accept the obligation of my position as registered if filed merely to reflect a change in the registered office address, I i has been notified in writing of this change.	
ILLI ILL		6/23/17	
,	of Registered Agent	Date	
If signing on behalf	•		
DANIEL WASS			
iyped d	r Printed Name	A + 4 EU ING PPE, eac on + 4 °	
	ļ	* * * FILING FEE: \$35.00 * * *	

FILE

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314
CR2E045 (03/12)