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| (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: | | | | |
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Office Use Only



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R.A.

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T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

Villa Tuscany at Burnt Store Lakes Condominium Association, Inc.

Name of Corporation

NOTOCOLO 1213

DOCUMENT NUMBER: NU/UUUU1213

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:

Dianne Racine

Name of Contact Person

Associa Gulf Coast

Firm/Company

13461 Parker Commons Blvd #101

Address

Fort Myers, FL 33912

City/State and Zip Code

dracine@associagulfcoast.com

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

For further information concerning this matter, please call:

Dianne Racine

,239

277-0718

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

| statement of cha | nnge is submitted for a corporation orga | 102, 607.1508, or 617.1508, Florida Statute Inized under the laws of the State of Florida Istered agent, or both, in the State of Florida | a |
|-----------------------------------|--|---|--|
| 1. The name of | the corporation: Villa Tuscany at B | urnt Store Lakes Condominium As | ssociation, Inc. |
| | office address: 13461 Parker Cors, FL 33912 | mmons Blvd #101 | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incor | poration/qualification: 02/02/2007 | Document number: N0700000 | 1213 |
| | d street address of the current registered rtment of State: (If resigned, enter resign | agent and registered office on file with the ned) | ; |
| | Associa Gulf Coast | | |
| | 12650 Whitehall Drive | | 7 |
| | Fort Myers, FL 33907 | | TE AUG |
| 6. The name and (if changed): | d street address of the new registered ag | ent (if changed) and /or registered office | 1 5 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 |
| | Associa Gulf Coast | | CORPORATIO |
| | 13461 Parker Commons Blv | | ATIO 36 |
| | Fort Myers, FL 33912 | OT acceptable | The second secon |
| The street address changed will | ess of its registered office and the stree be identical. | t address of the business office of its regis | stered agent, |
| Such change was authorized by the | as authorized by resolution duly adopte be board, or the corporation has been n | ed by its board of directors or by an office otified in writing of the change. | er so |
| Z Constant | re of an officer or director | Carla DeYorgi, Agent Printed or typed name and title | |
| nertormance of | my duties, and I am familiar with and | nd agree to act in this capacity, tutes relative to the proper and complete accept the obligation of my position as re flect a change in the registered office add in writing of this change. | egistered |
| | /and/ | 6/27/12 | |
| | nature of Registered Agent | Date | |
| | chálf of an entity: | | |
| Wendy Mui | yped or Printed Name | | |

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