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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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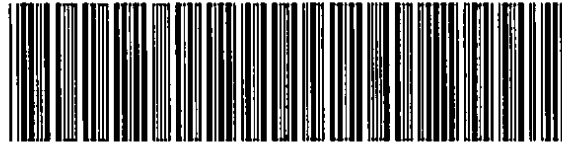
(Business Entity Name)

(Document Number)

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RA Change

JUN 17 2020

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Terzetto Villas Homeowners Association, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N10000006160

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:

Charlotte Graf  
Name of Contact Person  
Terzetto Villas HOA manager  
Firm/Company  
18430 NE 27th Ct.  
Address  
Aventura, FL 33160  
City/State and Zip Code  
terzettooffice@gmail.com

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

For further information concerning this matter, please call:

Charlotte Graf at (305) 682-9581  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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STATE DEPARTMENT OF STATE

**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: Terzetto Villas Homeowner's Association, Inc

2. The principal office address: 18430 NE 27th Ct., Aventura, FL 33160

3. The mailing address (if different): 18430 NE 27th Ct., Aventura, FL 33160

4. Date of incorporation/qualification: 06/25/2010 Document number: N10000006160

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)

RESIGNED: CHOI & MENEZES, LLP - ATTORNEYS AT LAW  
1925 Brickell Ave , Suite D-206  
Miami, FL 33129

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

Hollander, Goode & Lopez, PA  
314 South Federal Highway  
P.O. Box NOT acceptable  
Dania Beach, FL 33004

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.

Cyro Raffa  
Signature of an officer or director

Cyro Raffa, President  
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

5/19/20  
Date

If signing on behalf of an entity:

Matthew Goode  
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

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STATE DEPARTMENT OF CORPORATIONS