

4/13/2021

Division of Corporations

N200000318
Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

• Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**REGISTERED AGENT CHANGE
MADISON VILLAGES TOWNHOMES HOMEOWNERS
ASSOCIATION IN**

Certificate of Status	0
Certified Copy	1
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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.

- The name of the corporation: Madison Villages Townhomes Homeowners Association, Inc.
- The principal office address: 17425 BRIDGE HILL CT., SUITE 101, TAMPA, FL, 33647
- The mailing address (if different): _____
- Date of incorporation/qualification: 01/10/2020 Document number: N20000000318
- 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)

DIAZ LEYVA GROUP LLC1501 VENERA AVENUE, SUITE 203CORAL GABLES, FL 33146

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

CT Corporation System1200 South Pine Island RoadP.O. Box NOT acceptablePlantation, Florida 33324

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 _____
 DocuSigned by: _____ board, or the corporation has been notified in writing of the change.

John SzczesnyJohn SzczesnyBoard MemberDocuSigned by: John Szczesny, an officer or directorPrinted 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.

CT Corporation System

By:

Lisa DuBois
Signature of Registered Agent04/13/2021Date

If signing on behalf of an entity:

Lisa DuBois, Assistant SecretaryTyped 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

CR2E045 (04/13)