

N95000005897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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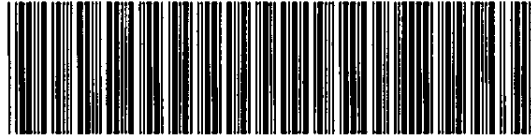
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 04 2016

C. CARROTHERS

SHUMAKER.
Shumaker, Loop & Kendrick, LLP

Bank of America Plaza 813.229.7600
101 East Kennedy Boulevard 813.229.1660 fax
Suite 2800
Tampa, Florida 33602

www.slk-law.com

ABBY M. BAKER
813.227.2320
abaker@slk-law.com

January 28, 2016

Via U.S. Mail Only

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Villa Rosa Master Association, Inc.

To Whom It May Concern:

Enclosed please find a Statement of Change of Registered Office / Agent as well as a check in the amount of \$35.00 for filing the Statement.

If you have any questions or concerns, please do not hesitate to contact our office.

Very truly yours,



Abby M. Baker

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Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VILLA ROSA MASTER ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N95000005897

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:

Jonathan J. Ellis

Name of Contact Person

Shumaker, Loop & Kendrick, LLP

Firm/Company

101 E. Kennedy Blvd., Suite 2800

Address

Tampa / Florida / 33602

City/State and Zip Code

jellis@slk-law.com

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

For further information concerning this matter, please call:

Jonathan J. Ellis

Name of Contact Person

at (813) 227-2335

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**

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: VILLA ROSA MASTER ASSOCIATION, INC.
2. The principal office address: 6972 Lake Gloria Blvd.
Orlando, Florida 32809
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/14/1995 Document number: N95000005897

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)

Leland Management

6972 Lake Gloria Blvd.

Orlando, Florida 32809

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

Jonathan J. Ellis

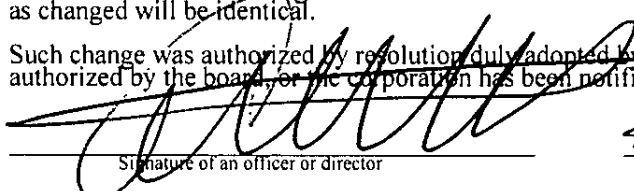
101 E. Kennedy Blvd., Suite 2800

P.O. Box NOT acceptable

Tampa, Florida 33602

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.



Signature of an officer or director

STUART LANGSAM

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 of Registered Agent

1/26/16

Date

If signing on behalf of an entity:

Jonathan J. Ellis

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
CR2E045 (03/12)

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TALLAHASSEE, FLORIDA

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