N9600002595

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Contification of Statute
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

Division of Corporations
SUBJECT: VIII a di Lancia Condominium Association, Inc. Name of Corporation
DOCUMENT NUMBER: N96 000002595
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:
Thomas V. Pellegrino Jr Name of Contact Person
Pellegrino Honich McFarland & Miller P.A., CPAS
1800 Second Street, Ste 810
Sacasota F2 34236 City/State and Zip Code
E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:
Thomas V. Pellegrino, To at 941 365-1172 Area Code & Daytime Telephone Numbers
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

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TO:

Amendment Section

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 di Lancia Condominium Association, Inc.
2. The principal office address: 2171 Gulf of Mexico Drive
Longboat Key, Fl 34298
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/14/1996 Document number: N96000002-595
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)
Herold, William MIR.
Holmes Beach, FL 34217
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Thomas V. rellegrind, us
Thomas V. Pellegrind, Jr 1800 Second Street, Ste 810 P.O. Box NOT acceptable Sarasota F2 34236
P.O. Box NOT acceptable
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.
X Chadwick S. Lange Tres urer Signature of an officer or director / 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.
12/1/16
Signature of Registered Agent Date
If signing on behalf of an entity:
THOMAS VELLEGRINO JR Typed or Printed Name

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