## N97 000 000940

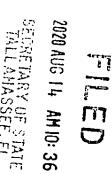
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: VILLA BAY VISTA CONDOMINIUM ASSOCIATION, INC. Name of Corporation DOCUMENT NUMBER: N97000000940 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: Michel A. Crosa Name of Contact Person Backer Aboud Poliakoff & Foelster, LLP Firm/Company 400 S Dixie Highway, Suite 420 Address Boca Raton, FL 33432 City/State and Zip Code merosa@baptlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 561 361-8535 Area Code & Daytime Telephone Number Michele A. Crosa Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Villa Bay Vista Condominium Association, Inc.	
2. The principal	office address: 2016 Bay Drive, Miami Beach, FL 33141	
3. The mailing a	address (if different): c/o Urban Resources, PO Box 415700, Miami Beach, FL 33141	
	poration/qualification: 05/18/1998 Document number: N97000000940	
	d street address of the current registered agent and registered office on file with the thenther thenther than to form the current of State: (If resigned, enter resigned)	
	Urban Resources, ATTN: Javier Zuniga	
	1193 71st Street	
	Miami Beach, FL 33141	
6. The name and (if changed):	Miami Beach, FL 33141  A Signature of the new registered agent (if changed) and /or registered office	:
	Michele A. Crosa, Esq.	:
	Michele A. Crosa, Esq.  400 S Dixie Highway, Suite 420  P.O Box NOT acceptable	j
	P.O Box NOT acceptable  P.O Box NOT acceptable  Boca Raton, FL 33432	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was	is authorized by resolution duly adopted by its board of directors or by an officer so be board or the corporation has been notified in writing of the change.	
X	e of an officer or director  A 1 for E 1/2   TESTISE   ILV  Printed or typed name and title	•
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity.  It is comply with the provisions of all statutes relative to the proper and complete performance at I am familiar with and accept the obligation of my position as registered agent. Or, if this in filed merely to reflect a change in the registered office address. Thereby confirm that the been notified in writing of this change.	
Sum Sum	Ajureof Registered Agent  Date	
1 1	valf of an entity:	
Michele A. Crosa	a, Esq.	

\* \* \* 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)

Typed or Printed Name