NGS CCCCCCH159

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: Phase (all to bourse or grant) to downst 2/22/21 Descriptive downst Commercial accounts Com |
| NA |

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February 17, 2021

LOUIS H. GAHR VINE MANAGEMENT OF OCALA, LLC 1515 E SILVER SPRINGS BLVD-SUITE 110 OCALA, FL 34470

SUBJECT: MARCO POLO VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Ref. Number: N98000004489

We have received your document for MARCO POLO VILLAGE HOMEOWNER'S ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 621A00003543

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Amendment Section TO: Division of Corporations SUBJECT: Marco Polo Village Homeowner's Association, Inc. Name of Corporation DOCUMENT NUMBER: N98000004489 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: Louis J. Gahr Name of Contact Person Vine Management of Ocala, LLC Firm/Company 1515 E Silver Springs Blvd - Suite 110 Address Ocala FL 34470 City/State and Zip Code info@VineManagementofOcala.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (352)812-8086 Area Code & Daytime Telephone Number Louis J. Gahr Name of Contact Person 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

Division of Corporations
The Centre of Tallahassee
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 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. Marco Polo Village Homeowner's Association Inc. 1. The name of the corporation: 1515 E Silver Springs Blvd - Suite 110 2. The principal office address: Ocala FL 34470 3. The mailing address (if different): __same Document number: N98000004489 4. Date of incorporation/qualification: 8/4/1998 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 LELAND MANAGEMENT, INC. 5972 LAKE GLORIA BLVD ORLANDO, FL 32809 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Vinc Management of Ocala, LLC 1515 E Silver Springs Blvd - Suite 110 P.O. Box. NOT acceptable Ocala FL 34470 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. 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.

If signing on behalf of an entity:

Typed or Printed Name

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