P04000166284

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

Office Use Only



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PA Change

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COVER LETTER

TO:	Amendmen Division of	t Section Corporations							
SUBJ	ЕСТ:	Bella Villing Name	o Realty, Inc.	, <u> </u>					
DOCU	J MENT NU I	MBER:F	04000166284						
The er	closed Stater	ment of Change of Registered (Office/Agent and fee	are submitted for filing.					
Please	return all cor	respondence concerning this n	natter to the following	j:					
	-	David Name o	R. Reitnecht f Contact Person						
Bella Villino Realty, Inc.									
		}·(r	m/Company						
4100 Central Sarasota Parkway									
	•		Address	<u> </u>					
Sarasota, FL 34238 City/State and Zip Code									
		City/Sia	ate and Zip Code						
sales@bellavillino.com									
E-mail address: (to be used for future annual report notification)									
For fu	rther informat	tion concerning this matter, ple	ase call:						
		avid R. Reitnecht	at (941) 918-9228 e & Daytime Telephone Number					
_	Nam	ne of Contact Person	Area Cod	e & Daytime Telephone Number					
Enclos	ed is a \$35.00	0 check made payable to the D	epartment of State.						
		Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Amen Divis Clifto 2661	Address: Idment Section ion of Corporations in Building Executive Center Circle hassee, FL 32301					

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

statement of cha	provisions of sections 607.0 nge is submitted for a corpa r to change its registered of	oration organized	under the laws of the State	e of Florida	_
1. The name of t	he corporation: Bella V	illino Realty,	Inc.		
	office address: 4100 Cer			FL 34238	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:1	12/10/2004	_Document number:	P04000166284	1
	street address of the currentment of State: (If resigned,		and registered office on fi	le with the	
	CHARLES D HINES				
	420 N. RIVER RD				
	VENICE FL 34293 U	<u>s</u>		O APF	name:
6. The name and (if changed):	street address of the new re	egistered agent (if	changed) and /or registere	TARY OF	
	David R. Reitnecht			#: 2	
	4100 Central Sarasot			<u>2</u>	
	Sarasota, FL 34238	P.O. Box NOT acce	pianie		
The street address changed will	ess of its registered office a be identical.	and the street add	ress of the business office	of its registered ager	nt,
Such change wa authorized by the	is authorized by resolution ne board, or the corporation	duly adopted by has been notific	its board of directors or bed in writing of the change	oy an officer so e.	
Signatur	e of air officer or director	<u> </u>	DAVIO R REITA Printed or typed name	LECHT PLA	Clow,
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registe o comply with the provision of I am familiar with and a filed merely to reflect a been notified in writing of	red agent and agens of all statutes ocens the obligation of the obligation of the reference.	ree to act in this capacity relative to the proper and ion of my position as regi gistered office address, T	y, d complete performan stered agent. Or, if to hereby confirm that to	nce his he
Sign	nature of Registered Agent		APRIL 4	, 2010	_
IC significant ha	half of an entity:	rt, Pass.	izate /		

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