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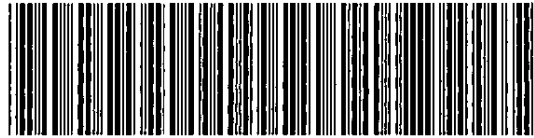
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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### COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT:

(Name of Corporation)

DOCUMENT NUMBER: PO6000143795

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:

Elena Manfredi

(Name of Contact Person)

The Village at Melbourne Condominium Assoc.  
(Firm/Company) Inc.

3502 D'Avinci Way

(Address)

Melbourne, FL 32901

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person)

at ( )  
(Area Code & Daytime Telephone N

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

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**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: *The Village at Melbourne Condominium Assoc., Inc.*
2. The principal office address: *18851 NE 29th Ave 7th floor  
Aventura, FL 33180*
3. The mailing address (if different):

4. Date of incorporation/qualification: Document number: *11-15-06*  
*P06000143795*
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)

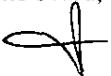
*Amram Adar  
18851 NE 29th Ave 7th floor  
Aventura, FL 33180*

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

Elena Manfredi  
3502 D'Avinci Way  
Melbourne, FL 32901  
(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**.

  
(Signature of an officer or director)

Amram Adar  
President, Board of Directors  
(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**.*

Elena Manfredi 8/18/09  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(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 3231  
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