# PIGOS GUA

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e#)
	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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#### COVER LETTER

TO:

Amendment Section Division of Corporations

## SELECT VILLA MANAGEMENT, INC. Name of Corporation

P15000055429

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:

#### MATTHEW L. BELL, CPA

Name of Contact Person

HARDING BELL INTERNATIONAL, INC.

Firm/Company

#### 113 PONTOTOC PLAZA

Address

#### AUBURNDALE, FL 33823

City/State and Zip Code

#### SUSAN.HARDING@HBITAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Area Code & Daytime Telephone Number

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

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

		2, 607.1508, or 617.1508, Florida Statutes, nized under the laws of the State of FLORID	
		ered agent, or both, in the State of Florida.	
1. The name of	the corporation: SELECT VILLA N	MANAGEMENT, INC.	,
	office address: 215 CELEBRATION, FL 3474		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 06/25/2015	Document number: P15000055	429
	d street address of the current registered a rtment of State: (If resigned, enter resigne	gent and registered office on file with the ed)	
	GOVONI & COMPANY, INC	<b>).</b>	
	5004 RIVER LAKE ROAD		
	WINTER HAVEN, FL 33884		
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office	9
	HARDING BELL INTERNAT	ΓΙΟΝΑL, INC.	7
	113 PONTOTOC PLAZA		; i i i
	P.O. Box NOT AUBURNDALE, FL 33823	acceptable	27
The street addre	ess of its registered office and the street be identical.	address of the business office of its registe	ered agent,
		by its board of directors or by an officer stified in writing of the change.	
ALDEN		ANDREW WILKES - PRESID	DENT
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered agent and the appointment as registered agent and to comply with the provisions of all statt my duties, and I am familiar with and a is document is being filed merely to reflet that the corporation has been notified in	d agree to act in this capacity. Ites relative to the proper and complete ccept the obligation of my position as regi ect a change in the registered office addre.	stered ss, I
	nature of Registered Agent	06/13/2017	
_	half of an entity:		
5 5	L. BELL, CPA		
	yped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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