



**STATEMENT OF CHANGE OF REGISTERED  
OFFICE AND/OR REGISTERED AGENT**

**SCC635/834  
(04/16)**

*This form can be completed and filed online at [www.sccfile.scc.virginia.gov](http://www.sccfile.scc.virginia.gov).*

**REVIEW THE INSTRUCTIONS BEFORE SUBMITTING THIS FORM.**

Corporation's Name: **FOUR SEASONS PATIO HOUSE ASSOCIATION, INC.** ID No: **01298348**

Section A	Current Information	Revised Information
<b>Registered Agent Name:</b>	JOHN DEZIO	JAMES M. BOWLING, IV
<b>Qualification:</b>	Member of the Virginia State Bar	(Use Section B to provide or change qualification information.)
<b>Registered Office Address:</b>	2350 COMMONWEALTH AVE. SUITE C CHARLOTTESVILLE, VA, 22901 - 0000, USA	(Provide a complete address when a change is being made.) 416 PARK ST. CHARLOTTESVILLE, VA 22902-4738 USA
<b>Locality:</b>	ALBEMARLE COUNTY	County or <input checked="" type="checkbox"/> City of <u>CHARLOTTESVILLE</u>

*Section B must be completed (i) for a new registered agent or (ii) to change the qualification of the current registered agent.*

<b>Section B</b>	The registered agent, whose business office address is identical with the registered office, is:	
<input type="checkbox"/> (1) an individual who is a resident of Virginia and an officer of the corporation whose title is _____  <input type="checkbox"/> a director of the corporation. <input checked="" type="checkbox"/> a member of the Virginia State Bar.	<b>OR</b>	<input type="checkbox"/> (2) a Virginia or foreign stock or nonstock corporation, limited liability company or registered limited liability partnership authorized to transact business in Virginia.

<b>Section C</b>	<b>IMPORTANT: See Instructions for who is authorized to sign this statement and for acceptable titles.</b>	
The person signing this statement affirms that after the foregoing change or changes are made, the corporation will be in compliance with the requirements of § 13.1-634 or § 13.1-833 of the Code of Virginia, as the case may be.	Signed on behalf of the company by: <div style="margin-left: 20px;"> <u>Sept. 20, 2021</u>  <small>(signature) (date)</small>            Linda Sue McCormick  <small>(printed name)</small>            Treasurer  <small>(title (e.g., president or chairman) (See Instructions))</small>    <small>(telephone number (optional))</small> </div>	The following box must be checked when this form is signed by the current <b>registered agent</b> . See the Instructions for additional information.  <input type="checkbox"/> By checking this box, the registered agent affirms that a copy of this statement has been or will be mailed to the Company's principal office address on or before the business day following the day on which this statement is filed with the Commission.