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PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
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WALLAWASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations
Bay Towne Property Owners Association, Inc.
SUBJECT: Name of Corporation
DOCUMENT NUMBER: 749733
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:
Dorothy Spriggs
Name of Contact Person
Suncoast Property Services, Inc.
Firm/Company
2821 Sherbrooke Lane, Apt A
Address
Palm Harbor, FL 34684
City/State and Zip Code
dott2spr@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dorothy Spriggs Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number
Name of Condict Person Area Code & Daytime Telephone Number
Enclosed is a \$35,00 cheek made payable to the Department of State,
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

$\star \sim \text{STATEMENT}$ OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	er provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this pure summer is submitted for a corporation organized under the laws of the State of Florida	
	ler to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	The corporation: Bay Towne Property Owners Association, Inc.	
	office address: 2821 Sherbrooke Lane, Apt A	
	arbor, FL 34684	
3. The mailing a	address (if different); P.O. BOX 1624	
	Harbor, FL 34684	
4. Date of incor	rporation/qualification: 08/30/1978 Document number: 749733	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	First Service Residential	
	2870 Sherer Dr. N.	
	St. Petersburg, FL 33716	
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office 是许 可	-3
	Dorothy Spriggs 2821 Sherbrooke Lane, Apt A	_
	2821 Sherbrooke Lane, Apt A	ロコ
	P.O. Box NOT acceptable Palm Harbor, FL 34684	
The street addr as changed will	ress of its registered office and the street address of the business office of its registered agent. If he identical.	
Such change wauthorized by t	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
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I further agrée performance of agent. Or, if i k	of the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete If my duties, and I am familiar with and accept the obligation of my position as registered as document is being filed merely to reflect a change in the registered office address. I It that the componation has been notified in writing of this change.	
N)	10/18/2017	
•	guature Registered Agent Date	
	chaff of an entity:	
Dorothy Sp	Priggs Typed or Printed Name	
	Alson on a runnon commercial control of the control	

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