N00298

(Re	equestor's Name)	
(Ad	idress)	
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(Ci	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

Bella Lago Homeowners Association, Inc. Name of Corporation

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:

Claudette Atkinson, LCAM

Name of Contact Person

Firm/Company

5070 E Sanctuary Way

West Palm Beach, FL 33417

City/State and Zip Code

BEIIA LAGO35 CGMAIL: COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudette Atkinson, LCAM
Name of Contact Person

Name of Contact Person

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

statement of cha	nge is submitted for a corporation (7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
		meowners Association, Inc.	
2. The principal	office address: 5070 E Sanctu	ary Way West Palm Beach, FL 33417	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 12/12/19	B3 Document number: N00298	
	street address of the current registorement of State: (If resigned, enter re	ered agent and registered office on file with the	
	ST JOHN ROSSIN BURF	R & LEMME PPLC	
	1601 FORUM PLACE, SUITE 701		
	WEST PALM BEACH, FL		
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office	
	KONYK & LEMME, PLLC	<u> </u>	
	777 South Flagler, Suite	800 - West Tower	
	WEST PALM BEACH, FI	x NOT acceptable	
The street addre as changed will	ss of its registered office and the s be identical.	treet address of the business office of its registered agent,	
Such change wa authorized by th	is authorized by resolution duly ad the board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.	
Alle	McCatt	John McCarty, President	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment us registered uge a camply with the provisions of al	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.	
MAL	ra untern	12/15/2014	
	haldre of Registered Agent half of an entity:	Date	
Theresa M.	•		
	ped 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 * * *