

# N190000005715

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
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**REGISTERED AGENT CHANGE**  
**INLET SHORE TOWNHOMES ASSOCIATION, INC.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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JUL 31 2020

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2020 JUL 30 PM 7:51

**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: INLET SHORE TOWNHOMES ASSOCIATION, INC.
- 2. The principal office address: 4600 W CYPRESS ST STE 200, TAMPA, FL 33607
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 05/31/2019 Document number: N19000005715
- 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)


C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Corporate Creations Network Inc.  
801 US Highway 1  
North Palm Beach, Florida 33408

2020 JUL 30 PM 12:31

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

Danielle Gossman, Attorney-in-Fact  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

07/30/2020  
\_\_\_\_\_  
Date

If signing on behalf of an entity:  
Danielle Gossman, Special Secretary  
\_\_\_\_\_  
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 32314  
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