

N93000001247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

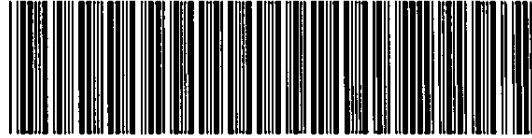
(Business Entity Name)

(Document Number)

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JUN 15 2016
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bay Ridge Condominium Association, Inc

Name of Corporation

DOCUMENT NUMBER: N93000001242

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:

Lori Coolidge

Name of Contact Person

Firm/Company

7512 Dr. Phillips Blvd Suite 50-707

Address

Orlando, FL 32819

City/State and Zip Code

lcoolidge@cahmanager.com

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

For further information concerning this matter, please call:

Lori Coolidge

Name of Contact Person

at (407) 402-9764

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

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: Bay Ridge Condominium Association, Inc

2. The principal office address: 7512 Dr. Phillips Blvd Suite 50-707
Orlando, Fl 32819

3. The mailing address (if different): same

4. Date of incorporation/qualification: 3/16/1993 Document number: N93000001242

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)

Resigned

Beacon Community Management

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lori Coolidge

7512 Dr. Phillips Blvd Suite 50-707

P.O. Box NOT acceptable

Orlando, Fl 32819

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TALLAHASSEE, FLORIDA

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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.

X Philip Davis
Signature of an officer or director

Philip DAVIS
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.

Lori Coolidge
Signature of Registered Agent

5/6/16
Date

If signing on behalf of an entity:

Lori Coolidge
Typed or Printed Name

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