

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000253901 3)))



H200002539013ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Phone Fax Number

: (561)694-1639

*#Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:
-------	----------

REGISTERED AGENT CHANGE MEDLEY AT SOUTHSHORE BAY COMMUNITY ASSOCIATION, INC.

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

AUG 03 2020

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607,0502, 617.05 ange is submitted for a corporation orga		
	er to change its registered office or regis		
	the corporation: MEDLEY AT SOUTHS		
2. The principal	office address: 4600 WEST CYPRESS S	STREET, SUITE 2	00, TAMPA, FL 33607
-	address (if different):		
4. Date of incorporation/qualification: 04/18/2018 Document			N18000004384
	d street address of the current registered rument of State: (If resigned, enter resign	-	d office on file with the
	ICON Management Services, Inc.		
	5540 State Road 64 E., Suite 220		
	Bradenton, FL 34208	_	:
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and	d for registered office
	Corporate Creations Network Inc.		
	801 US Highway I		
	P.O. Bo	x NOT acceptable	
	North Palm Beach, FL 33408		
The street address changed will	ess of its registered office and the street be identical.	address of the bu	siness office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of o	lirectors or by an officer so if the change.
	(\mathcal{O})		an, Attorney-in-Fact
Signatu	re of an afficer or director	Pont	d or typed name and little
l further agrée i of my duties, an document is bei	the appointment as registered agent are to comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change	tutes relative to th ligation of my pos ie registered offici	this capacity. e proper and complete performance tion as registered agent. Or, if this address, I hereby confirm that the
		07/31/2020	
Sig	nature of Registered Agent		Date
lf signing on be	half of an entity:		
Danielle Gossma	n, Special Secretary		
T	ypod or Printed Name		
	* * * FILING FI	EE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)