I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: DAVID ADAMS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0500002740

Entity Name: BELLS RIVER ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5991 CHESTER AVENUE SUITE 203 JACKSONVILLE, FL 32217

Current Mailing Address:

5991 CHESTER AVENUE SUITE 203 JACKSONVILLE, FL 32217 US

FEI Number: 20-2510894

Name and Address of Current Registered Agent:

INTERLACED PROPERTY SOLUTIONS, LLC 5991 CHESTER AVENUE SUITE 203 JACKSONVILLE, FL 32217 US

City-State-Zip: JACKSONVILLE FL 32257

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :				
Title	VPD	Title	DIRECTOR	
Name	JONES, PETER	Name	MURALLO, JR	
Address	3390 KORI ROAD, SUITE 9	Address	3390 KORI ROAD	
City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	SUITE 9 JACKSONVILLE FL 32257	
Title	PRESIDENT			
Name	ADAMS, DAVID			
Address	3390 KORI ROAD SUITE 9			

Certificate of Status Desired: No

01/12/2015 Date

Date

FILED Jan 12, 2015 Secretary of State CC7376366840