

719507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bay Terrace, Inc.
Name of Corporation

DOCUMENT NUMBER: 719507

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:

Richard Knoll
Name of Contact Person

Alliance Management, LLC
Firm/Company

4100 Corporate Square Suite 155
Address

Naples, FL 34104
City/State and Zip Code

alliance@alliancemgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristy Moser at (239) 331-3772
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 21, 2010

RICHARD KNOLL
ALLIANCE MANAGEMENT LLC
4100 CORPORATE SQUARE - SUITE 155
NAPLES, FL 34104

SUBJECT: BAY TERRACE, INC.
Ref. Number: 719507

We have received your document for BAY TERRACE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 710A00001736

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2010 FEB -8 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bay Terrace Inc.
2. The principal office address: 1325 4th St. South
Naples, FL 34102
3. The mailing address (if different): c/o Alliance Management
4100 Corporate Square #155 Naples, FL 34104
4. Date of incorporation/qualification: 1992 Document number: 719507
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)

Moore Property Mgmt.
745 12th Ave. S. #AA
Naples, FL 34102 US

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

Alliance Management, LLC
4100 Corporate Square #155
P.O. Box NOT acceptable
Naples, FL 34104

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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.

Cari Bunch
Signature of an officer or director

Cari Bunch Pres Board
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.

Kristina Moser
Signature of Registered Agent

2/4/2010
Date

If signing on behalf of an entity:

Kristina Moser
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