6/11/24, 4:31 PM

From: David Thomas

Division of Corporations Electronic Filing Cover Sheet

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īo:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

REGISTERED AGENT CHANGE SOUTH BAY HOMEOWNERS' ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.050, statement of change is submitted for a corporation organization in order to change its registered office or registe	ized under the laws of the State of \underline{I}	FL
1. The name of the corporation: SOUTH BAY HOMEC	OWNERS ASSOCIATION, INC	<u>.</u>
2. The principal office address: C/O BUSINESS DEVE 5036 DR PHILLIPS BLVD., STE 294, ORLANDO,	LOPMENT PARTNERS, INC.	·
3. The mailing address (if different):		
4. Date of incorporation/qualification: 06/25/1980	Documentnumber: 753106	<u> </u>
5. The name and street address of the current registered as Florida Department of State: (If resigned, enter resigned		th the
Page, Frank L , CPA		2021
5036 Dr Phillips Blvd Ste 294		2024 JUN
Orlando, FL 32819		_ ;
6. The name and street address of the new registered agen (if changed): C T Corporation System	nt (if changed) and /or registered off	A 8: 10
1200 South Pine Island Road		-
P.O Box Plantation, Florida 33324	NOT acceptable	
The street address of its registered office and the street as changed will be identical.	address of the business office of it	s registered agent.
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not		
(R)Z-Z:	Thomas Marcakis	President
Signature of an officer of director I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the oblidecument is being filed merely to reflect a change in the corporation has been notified in writing of this change. C T Corporation System	d agree to act in this capacity, ites relative to the proper and com- gation of my position as registered e registered office address. I hereb	iplete performance Layent, Or, if this
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Terrie Bates, Assistant Secretary		
Typed or Printed Name * * * FILING FE	E: \$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)

By: