754850

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| | | | | | | |
| (Address) | | | | | | |
| | | | | | | |
| (Address) | | | | | | |
| (Addiess) | | | | | | |
| | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| | | | | | | |
| (Business Entity Name) | | | | | | |
| (Duamess Linky Harrie) | | | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
| | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| Special instructions to raing Officer. | | | | | | |
| Į į | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Office Use Only



800328304428

04/29/19--01021--012 **35.00

RAROCHS

MAY - 9 2019 I ALBRITTON

COVER LETTER

TO:

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: BAY STATE SOUTH COMMUNITY ASSOCIATION INC. |
| DOCUMENT NUMBER: 754850 |
| 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: |
| LINDA M. FINE SECRETARY Name of Contact Person |
| Firm/Company |
| 3124 SOUTHWIND DRIVE |
| EUSTIS FL 32726 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Contact Person at (305) 898-6597 Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. |

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

| | provisions of sections 607.0502, 6 ange is submitted for a corporation | | | · | |
|---|---|--|---|--|---------------------------------------|
| | er to change its registered office or | | | | |
| 1. The name of | the corporation: Bay State So | outh Community | Association, | Inc. | |
| 2. The principal | office address: 620 Park Stre | eet, Eustis, Flor | ida 32726 | | |
| | | | | | |
| 3. The mailing a | address (if different): P.O. Box | 1658, Lady Lal | ce, Florida 32 | 158 | ···· |
| 4. Date of incorp | poration/qualification: 10/28/19 | 980 Docume | cnt number: 7548 | 350 | |
| 5. The name and Florida Depart | d street address of the current regis | stered agent and regis resigned) | stered office on file | with the | |
| | Derek A. Schroth | | | | |
| | 600 Jennings Avenue | | | | |
| | Eustis, Florida 32726 | | | - - 20 | |
| 6. The name and (if changed): | d street address of the new register | ed agent (if changed) | and /or registered | office 2 | |
| | Larsen & Associates, P. | L | | Pi | · · · · · · · · · · · · · · · · · · · |
| | 300 S. Orange Avenue, | | | ب | |
| | Orlando, Florida 32801 | lox NOT acceptable | | | , , |
| The street address changed will | ess of its registered office and the be identical. | street address of the | business office of | its registered a | gent, |
| Such change wa authorized by th | as authorized by resolution duly ac ne board, or the corporation has be | | | | |
| - | re of an officer of director | | rinted or typed name and | PETERS | TREASURE |
| I hereby accept I further agree t performance of agent. Or, if thi hereby confirm | the appointment as registered ago to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that that the corporation has been not | ent and agree to act ll statutes relative to and accept the oblis to reflect a change h ified in writing of th | in this capacity, of the proper and constitution of my position the registered off is change. | omplete on as registered lice address, I | ı |
| 18m | nature of Registered Agent | 4 | 26 19 | | |
| / | half of an entity: | · | Date | | |
| Thomas R. | • | | | | |
| | ped or Printed Name | | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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