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	Division of Co	porations		P		
	Fax Number	: (850)617-6380		Ē.	2021	
From:				<u># 11</u>	ŝ	
	Account Name	: C T CORPORATION SYSTEM		.b	iπ;	1
	Account Number	: FCA00000023		652	I	<u> </u>
	Phone	: (614)280-3338		(	9	I II
	Fax Number	: (954)208-0845			PH	Ö
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		for this business entity		87	-	
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Ema	il Address:					

## **REGISTERED AGENT CHANGE**

BAY LAKES AT GRANADA HOMEOWNERS' ASSOCIATION, INC

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From: James Tanks III

To:	+	18506176380	
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: BAY LAKES AT GRANADA HOMEOWNERS' ASSOCIATION, INC

2. The principal office address: 1631 E. Vine Street, Suite 300, c/o Artemis Lifestyles, Inc.

Kissimmee, FL 34744

- 3. The mailing address (if different):
- 4. Date of incorporation/qualification: <u>12/04/1981</u> Document number: <u>760928</u>
- 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)

Artemis Lifestyle Services, Inc.

	1631 E. Vine Street, Suite 300	<b>.</b>	2021	
	Kissimmee, FL 34744	in state Distriction Distriction	SEP	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		d 6-	ב, ביד כיד	
_	C T Corporation System		21 H	0

C. I Colporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

per la	Nathan Logan Taylor	President	
	Prined or typed name and title		
thereby accept the appointment as registered agent a	nd agree to act in this capacit	r.	

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.

CT Corporation System

9/8/2021

Date

Signature of Pegistered Agent

If signing on behalf of an entity:

Lisa D. DuBois, Assistant Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARIMENT OF STATE Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (04/13)

By:

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