F10000002777

(Rec	questor's Name)	
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(City	y/State/Zip/Phone	e #)
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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 939206 8346014				
AUTHORIZATION: Smelle Man				
COST LIMIT : \$73.5.00				
ORDER DATE : August 2, 2021				
ORDER TIME : 11:06 AM				
ORDER NO. : 939206-118				
CUSTOMER NO: 8346014				
CHANGE OF AGENT				
NAME: PTVO OWNERS ASSOCIATION, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland				

EXAMINER'S INITIALS: _

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statute n organized under the laws of the State of <mark>Delawa</mark> r registered agent, or both, in the State of Florida	ıre
		·	·
i. The name of	the corporation: PTVO Owners As:	dua Orlanda El 22921	
2. The principal	office address: 6277 Sea Harbor Dr	ive, Ottalido, FL 32021	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 06/17/2010	Document number: F10000002777	
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	Corporate Creations Network, Inc.		
	801 US Highway 1		
	North Palm Beach, FL 33408		
6. The name an (if changed):	d street address of the new register	red agent (if changed) and /or registered office	<u>.</u> .
	Corporation Service Company		
	1201 Hays Street		محي الم
		P.O. Box NOT acceptable	
	Tallahassee, FL 32301		in a sign of the s
The street addr	ess of its registered office and the l be identical.	street address of the business office of its regis	itered agent,
Such change wauthorized by t	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by an office een notified in writing of the change.	r 50
A	Jan-	Amy Bornmann, Assistant Secretary	
•	are of an officer or director	Printed or typed name and title	
of my duties, and document is be corporation ha	to comply with the provisions of a nd I am familiar with and accept t	gent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered agen ge in the registered office address, I hereby conj thange. 08/13/2021	it. Or it this
	mature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Ami M. Casper,	Asst. Vice President	_	
7	yped 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
CR2E045 (04/13)