

692583

(Requestor's Name)

Bel-Arhe Mobile
RESOURCE
PROPERTY MANAGEMENT
7300 Park Street • Seminole, FL 33777

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

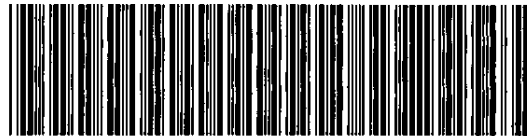
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 27 AM 11:47

JAN 30 2014
R. J. [Signature]

**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: BEL-AIRE MOBILE HOME OWNERS, INC.
2. The principal office address: c/o Resource Property Management, Inc.
7300 Park Street, Seminole, FL 33777
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/22/1994 Document number: G92583

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)

JONATHAN JAMES DAMONTE, CHARTERED

12110 Seminole Blvd

Largo, FL 33778

PROPERTY:

ACCOUNT#:

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

BECKER & POLIAKOFF, P.A.

311 PARK PLACE BLVD, SUITE 250

P.O. Box NOT acceptable

CLEARWATER, FL 33759

VENDOR #:

APPROVED:

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.

Richard L. McGrath

Signature of an officer or director

RICHARD MCGRATH, PRESIDENT

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.

[Signature]

Signature of Registered Agent

1/15/2014

Date

If signing on behalf of an entity:

ANNE M. HATHORN

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

CR2E045 (03/12)

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