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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAR 2 7 2015 T. CARTER

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: BRIAR BAY COMMUNITY ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER:

N01000003276

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:

ANDREA KING

Name of Contact Person

KINGS MANAGEMENT SERVICES, INC.

Firm/Company

1224 US HIGHWAY ONE, SUITE H

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

mail@kingsmanagement.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA KING

,,561 \,\627-0480

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Taliahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or registe	ized under the laws of the State of FLOF	RIDA	_	
1. The name of	the corporation: BRIAR BAY CO	MMUNITY ASSOCIATION,	INC.		
	office address: 3400 CELEBRA			·	
	ALM BEACH, FL 33411				
3. The mailing a	ddress (if different): C/O KINGS N	MANAGEMENT SERVICES	, IN.C		
	S HIGHWAY ONE, SUITE I				
4. Date of incor	poration/qualification: 05/09/2001	Document number: N010000	03276		
	I street address of the current registered a tment of State: (If resigned, enter resigne)		
	ALLIANCE CAS, LLC				
	1000 E. HALLANDALE BEA	ACH BLVD, SUITE B-20			
	HALLANDALE BEACH, FL	_ 33009	15	SEC	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			15 MAR 23	RETAR	
			PH 12:		
1224 US HIGHWAY ONE, SUITE H			2: 53	STAI LORI	
	A acceptable				
	NORTH PALM BEACH, FL				
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 the	as authorized by resolution duly adopted be board, or the corporation has been not	by its board of directors or by an office ified in writing of the change.	r so		
	ED ZAKARIAN, PRESIDENT Printed or typed name and title				
I hereby accept I further agree performance of agent. Or. if th	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflect the corporation has been notified in	d agree to act in this capacity, dagree to act in the proper and complete ccept the obligation of my position as re ect a change in the registered office add	egistered		
1		03/06/2015			
	nature of Registered Agent	Date			
• •	half of an entity:				
ANDREA	KING yped 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 * * *