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PICK-UP WAIT MAIL				
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 847608 5057825

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: December 18, 2024

ORDER TIME : 12:35 PM

ORDER NO. : 847608-033

CUSTOMER NO: 5057825

CHANGE OF AGENT

CHAMPIONSGATE PROPERTY OWNERS' NAME:

ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY ____ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

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

statement of cha	provisions of sections 607.0502, 617. inge is submitted for a corporation or ir to change its registered office or re	ganized under the laws of the State o	of FL
1. The name of t	the corporation: CHAMPIONSGATE	PROPERTY OWNERS' ASSOCIAT	ION, INC.
	office address: 1777 Walker Street, S		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualitication:06/20/2001	Document number: N010	00004331
	I street address of the current register tment of State: (If resigned, enter res		with the
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAL)	
	PLANTATION	FL 33324	
6. The name and (if changed):	I street address of the new registered and company	agent (if changed) and /or registered	office
	1201 Hays Street		
). Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the str be identical.	reet address of the business office of	f its registered agent.
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board of directors or by a notified in writing of the change.	an officer so
/s/Ira M. Mit	zner	Ira M. Mitzner	President & CEO
Signatu	re of an öfficer of director	Printed or typed name an	d title
I further agree of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all a led I am familiar with and accept the ng filed merely to reflect a change is been notified in writing of this chai n Service Company	statutes relative to the proper and c obligation of my position as registe n the registered office address, I het	omplete performance red agent. Or, if this reby confirm that the
By: Y) nor 7	nature of Registered Agent	12/27/2024 Date	
_	half of an entity:	, and	2025 SEC TA
Grace E. Kirby,	Asst. Vice President		JAN JAN
T	yped or Printed Name		表形心厂
	* * * FILING	FEE: \$35.00 * * *	Y OF
M. CR2E045 (04/13)	MAKE CHECKS PAYABLE TO AIL TO: DIVISION OF CORPORATION:	FLORIDA DEPARTMENT OF STATE 8, P.O. BOX 6327, TALLAHASSEE, F	Mar w