

NO10000005970

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000175983 3)))



H11000175983ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

000076.150910

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

7/7/11

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

pk-fletcher@avatacholdings.com

**REGISTERED AGENT CHANGE
BELLALAGO AND ISLES OF BELLALAGO COMMUNITY
ASSOCIATI**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SECRETARY OF STATE
MAIL ROOM SITE 1100000

14 JUL - 7 PM 12:11

FILED

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

7/7/11

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

7/7/11

Electronic Filing Menu

Corporate Filing Menu

Help

RA Change

7/7/2011 12:41 PM

07/11/2011 14:43
850-817-8381

7/8/2011 1:00:10 PM PAGE 1/001 Fax Server

(FAX)

P.002/003



PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

July 8, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BELLALAGO AND ISLES OF BELLALAGO COMMUNITY ASSOCIATION,
201 ALHAMBRA CIRCLE, 12TH FLOOR
CORAL GABLES, FL 33134US

SUBJECT: BELLALAGO AND ISLES OF BELLALAGO COMMUNITY ASSOCIATION, INC.
REF: N01000005970

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H11000175983
Letter Number: 111A00016326

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

7/7/11

RECEIVED

11 JUL 11 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/7/11

P.O. BOX 6327 - Tallahassee, Florida 32314

H11000175983 3

**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 617.1509, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bellalago and Isles of Bellalago Community Association, Inc.
 2. The principal office address: 201 ALHAMBRA CIRCLE, 12TH FLOOR
CORAL GABLES FL 33134 US

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/21/2001 Document number: N01000005970

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)

KERRIGAN, JUANITA I

201 ALHAMBRA CIRCLE, 12TH FLOOR

CORAL GABLES FL 33134 US

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

NRAI SERVICES, INC.

515 EAST PARK AVENUE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

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.

Patricia K. Fletcher
Signature of an officer or director

PATRICIA K. FLETCHER, OFFICER
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.

NRAI Services, Inc.

Michele Holden
Signature of Registered Agent

7/7/11
Date

If signing on behalf of an entity:

MICHELE HOLDEN, ASST SECT

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
 CR25045 (8/03)

H11000175983 3