N01678

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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AUG 2 7 S. PRATHER

COVER LETTER

Amendment Section Division of Corporations

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TO:

SUBJECT: BEAUCLERC LAKES CONDOMINIT Name of Corporation	UM ASSOCIATION, INC.
DOCUMENT NUMBER: No. 1678	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Marc Majed El Hassan	
Name of Contact Person	
Spectrum Realty Services, LLC	
Firm/Company	
9803 Old St. Augustine Road, Suite I	
Address	
Jacksonville, FL 32257	
City/State and Zip Code	
MHassan@SpectrumRealtyC	Co.com
E-mail address: (to be used for future annua	I report notification)
For further information concerning this matter, p	please call:
Marc Majed El Hassan	at (904) 389-7311 Area Code & Daytime Telephone Number
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	Street Address:
	Amendment Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
ranguassee, FL 52544	Tallahassee, FL 32303

CR2E045 (04:13)

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

statement of c	c provisions of sections 607,0502, 617,050, hange is submitted for a corporation organ der to change its registered office or registe	zed under the laws of the State of Fle	orida
1. The name o	f the corporation: BEAUCLERC LAKES CO	ONDOMINIUM ASSOCIATION, INC.	
2. The princip	al office address: 4003 Hartley Road, Jackson	wille, FL 32257	
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification:	Document number: N01678	
	nd street address of the current registered a artment of State: (If resigned, enter resigne		
	Signature Realty and Management, Inc.		1024 /
	4003 Hartley Road		2024 AUG 20 Pr
	Jacksonville, FL 32257		0 PH
6. The name a (if changed	nd street address of the new registered agen	t (if changed) and /or registered office	
	Spectrum Realty Services, ELC		
	9803 Old St. Augustine Road, Suite 1		
	P.O. Box Jacksonville, FL 32257	NCT acceptable	
The street add	lress of its registered office and the street all be identical.	nddress of the business office of its r	egistered agent.
Such change authorized by	was authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an of iffied in writing of the change.	ficer so
		Joe Lester Printed or typed name and title	
I hereby acce I further agre of my duties, document is b	of the appointment as registered agent and the appointment as registered agent and to comply with the provisions of all statund I am familiar with and accept the obliving filed merely to reflect a change in the as been notified in writing of this change	l agree to act in this capacity. des relative to the proper and compl	ete performance
SA		July 31, 2024	
	Signature of Registered Agent	Date	
If signing on	behalf of an entity:		
Marc Majed E	l Hassan		
· · · · · · · · · · · · · · · · · · ·	Typed or Printed Name		
	* * * FILING FE	E: 535.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)