## N02000004100

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

Division of Corporations					
SUBJECT: Bella Notte Homeowners Association, Inc.  (Name of Corporation)					
DOCUMENT NUMBER: N02000004100					
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:					
(Name of Contact Person)					
Taylor & Carls, P.A. (Firm/Company)					
/50 North Westmonte Drive					
Altamonte Springs, FL 32714 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Harry W. Carls at ( 407 ) 660-1040					
Harry W. Carls at (407) 660-1040 (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  P.O. Box 6327  Division of Corporations  Clifton Building					

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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TO:

Amendment Section

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

statement of change	is submitted for a corporation organize	607.1508, or 617.1508, Florida Statute ed under the laws of the State of <u>Florid</u> ed agent, or both, in the State of Florida	la
		·	•
1. The name of the c	corporation: Bella Notte Homeow	ners Association, Inc.	
2. The principal office	ce address: <u>8175 Promenade, Or</u>	lando, FL 32836	
3. The mailing addre	ess (if different): Post Office Box 5	30066, Orlando, FL 32835	
4. Date of incorpora	tion/qualification: <u>5/29/2002</u>	Document number: N020000041	100
	eet address of the current registered age nt of State: (If resigned, enter resigned)	•	O SE
<u>Ta</u>	ylor & Carls, P.A.		STORE
<u>85</u>	0 Concourse Parkway South, S	Ste. 105	第一2
Ma	nitland, FL 32751		PH ST
6. The name and stre (if changed):	eet address of the new registered agent (	(if changed) and /or registered office	SECRETARY OF STATIONS SECRETARY OF COMPORATIONS 109 MAR - 2 PM 2: 38
<u>Ta</u>	ylor & Carls, P.A.		
<u>15</u>	O North Westmonte Drive (P.O. Box NOT acceptable)		
Alt	amonte Springs, FL 32714		
The street address o as changed will be i	f its registered office and the street ad dentical.	dress of the business office of its regis	stered agent,
Such change was au authorized by the bo	athorized by resolution duly adopted board, or the corporation has been notified.	by its board of directors or by an office fied in writing of the change.	r so
(	an officer or director)	LAWRENCE (Printed or typed name and title)	DB pirecto-
I hereby accept the a I further agree to co of my duties, and I a document is being fi corporation has bee	appointment as registered agent and a mply with the provisions of all statute am familiar with and accept the obliga- iled merely to reflect a change in the i an notified in writing of this change.	agree to act in this capacity. es relative to the proper and complete ation of my position as registered agen registered office address, I hereby conj	performance it. Or, if this firm that the
Havey (	a. Carl	2/25/09	
(Signatur	e of Registered Agent)	(Daye)	<del></del>
If signing on behalf	of an entity:		
Harry (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 (8/05)