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Division of Corporations

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From:

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REGISTERED AGENT CHANGE BRENTWOOD PROPERTY OWNERS' ASSOCIATION, INC.

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S. PRATHEF

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By:

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

statement of cha	nge is submitted for a corpor	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ration organized under the laws of the State of Florida. The control of Florida in the State of Florida.	this		
		roperty Owners' Association, Inc.			
	office address: No change				
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 06/03/	Document number: N02000004198			
	street address of the current tment of State: (If resigned, o	registered agent and registered office on file with the enter resigned)			
	CORPORATION SERVICE	COMPANY	Z.		
	1201 HAYS STREET		רך און גיטאר		
	TALLAHASSEE, FL 32301		.CKLIARY		
6. The name and (if changed):	street address of the new re-	gistered agent (if changed) and /or registered office	EE, FLORID		
	CT Corporation System		AON E		
	1200 South Pine Island Road				
	Plantation, Florida 33324	P.O. Box NOT acceptable			
The street addre	ss of its registered office an be identical.	ed the street address of the business office of its registe	red agent,		
Such change wa authorized by th	s authorized by resolution of the board, or the corporation	duly adopted by its board of directors or by an officer s has been notified in writing of the change.	o		
t Á	Hickle Helds	Michele Holden, Secretary			
I hereby accept I further agree to of my duties, an document is bei	e of an officer of disperior the appointment as register o comply with the provision of I am familiar with and ac- ng filed merely to reflect a c been notified in writing of t	Printed or typed name and title ed agent and agree to act in this capacity, as of all statutes relative to the proper and complete pe cept the obligation of my position as registered agent, change in the registered office address, I hereby confir, this change. 12/14/2021	rformance Or, if this m that the		
Sign	anine of Registered Agent	Date			
If signing on be	half of an entity:				
Jennifer Kurz, A	ssistant Secretary				
Ty	ped 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 CR26045 (04/13)