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.

(((H220004155223)))



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

_			
-1	$\overline{}$	•	

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

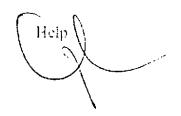
Email Address:_____

REGISTERED AGENT CHANGE

.. VENETIAN GOLF & RIVER CLUB PROPERTY OWNERS ASSOCIATI

Certificate of Status	; ()
Certified Copy	1
Page Count	02
Estimated Charge	843.75

Electronic Filing Menu — Corporate Filing Menu



σ

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

statement of a	change is submitted for a corporation orga	502, 607,1508, or 617,1508, Florida Statutes amzed under the laws of the State of FL	
		stered agent, or both, in the State of Florida.	
1. The name	of the corporation: VENETIAN GOLF & B	RIVER CLUB PROPERTY OWNERS ASSOCI VER CLUB POA, INC.	ATTON, IN
		VER CLUB POA, INC.	
	BLVD NORTH VENICE, FL 34275		
3. The mailin	g address (if different):		
4. Date of inc	orporation/qualification: 10/16/2002	Document number: N02000007946	
5. The name a Florida De	and street address of the current registered partment of State: (If resigned, enter resign	agent and registered office on file with the ned)	
	Becker & Poliakoff, P.A.		
	1 hast Broward BlydSuite 1800		
	Fort Lauderdale, FL 33301		202
6. The name a (if changed	and street address of the new registered ago):	ant (if changed) and /or registered office	2022 DEC -
	C T Corporation System		9
	1200 South Pine Island Road		AH 8:
		ox NOI acceptable	ယ
	Plantation, Florida 33324		Φ.
The street add	lress of its registered office and the street	t address of the business office of its registe	red agent.
		d by its board of directors or by an officer sotified in writing of the change.	
	Len Port		
Signe	ture of an officer or director	Lew perry I Printed or typed name and title	
of my duties, c document is b corporation h	ot the appointment as registered agent at e to comply with the provisions of all sta ind I am familiar with and accept the ob- cing filed merely to reflect a change in the as been notified in writing of this change on System	id agree to act in this capacity. intes relative to the proper and complete pe ligation of my position as registered agent, he registered office address I haveby confir	rformunce Or, if this m that the
Š	ignature of Registered Agent	Date	
If signing on t	ochalf of an entity:		
Terrie Bates, A	ssistant Secretary		
	Typed or Printed Name		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2F048 (04/13)

By: