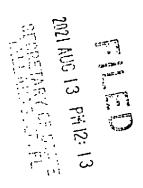
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(Requesto	r's Name)
(Address)	
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
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20 change

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

NAME:

	ACCOUNT NO.	:	120000001	95			
	REFERENCE	:	939206	8346014			
	AUTHORIZATION	:	Spellet	enan	ノ		
	COST LIMIT	:	\$ 35.00				
							_
ORDER DATE :	August 2, 2021						
ORDER TIME :	10:57 AM				တု	20	
ORDER NO. :	939206-008				1000	21 AL	
CUSTOMER NO:	8346014					2021 AUS 13	4 2275 2 3 3
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PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:
	CERTIE		COPY				

BAY CLUB II VACATION

CONDOMINIUM ASSOCIATION, INC.

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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

statement of cha	nge is submitte	d for a corporation orga	02, 607.1508, or 617.1508, Florida State mized under the laws of the State of Flo tered agent, or both, in the State of Flori	rida
1. The name of t		247 0112 1114 04	ION CONDOMINIUM ASSOCIATION, I	
2. The principal	•		ard, Destin, VA 32550	
3. The mailing a	ddress (if differ	rant).		
	-	cation: 07/17/2003	Document number: N03000006	140
5. The name and	street address		agent and registered office on file with the	
	Corporate Cre	sations Network, Inc.		
	801 US Highw	vay 1		
	North Palm B	each, FL 33408		ි ව
6. The name and (if changed):	street address	of the new registered age	ant (if changed) and /or registered office	2021 AUG SEGRET
	Corporation S	ervice Company		- 20分 10分 10 10 10 10 10 10 10 10
	1201 Hays St	reet		州宝
		P.O. Bo	x NOT acceptable	្តសភ្ រំ
	Tallahassee		FL 32301	1
The street address changed will	ss of its registe be identical.	red office and the street	address of the business office of its reg	distered agent,
Such change was authorized by the	s authorized by e board, or the	resolution duly adopte corporation has been no	d by its board of directors or by an offic otified in writing of the change.	er so
Man	~		Amy Bornmann, President	
•	e of an officer or dire		Printed or typed name and title	
I hereby accept a further agree to of my duties, and document is bein corporation has Corporation	the appointment to comply with the I am familiar to filed merely been notified in Service Got	it as registered agent an the provisions of all stat with and accept the obl to reflect a change in th n writing of this change.	nd agree to act in this capacity. utes relative to the proper and complet igation of my position as registered age te registered office address, I hereby co	e performance int. Or, if this nfirm that the
By: Ce	Mile	24/	08/13/2021	
Sign	ature of Registered /	gent	Date	
If signing on beh	alf of an entity	:		
Ami M. Casper,				
ТУI	ped or Printed Name			
	3.6	* * * FILING FE	EE: \$35.00 * * *	

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