N03000011005

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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	community Bella Culling
	Expense Code 7 5054
. •	Mgr Inits 03
COVER LETTE	ER \$35.00 J
TO: Amendment Section Division of Corporations	PG/13/09
SUBJECT BELLA COLLINA PROPERTY DWNER'S Name of Corporatio	ASSOCIATION, INC.
DOCUMENT NUMBER: NO30000110	05
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
SUSAN DURANI	Þ
Name of Contact Pers	son
AEGIS COMMUNITY MANAGE	MENT SOLUTIONS, INC.
8390 CHAMPIONSGATE BLVD	suite 304
CHAMPIONEGATE, FL 338	
Sdurand@aeqiscr	
E-mail address: (to be used for future an	
For further information concerning this matter, please call:	
SUSAN DURAND Name of Contact Person at (rea Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of	State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.			
1. The name of the corporation: Bella Collina Property Dwner's Association, Inc.			
2. The principal office address: 8390 Champions gate Blvd., Suite 304			
Championsgate, FL 33896			
3. The mailing address (if different):			
same			
4. Date of incorporation/qualification: 12/23/2003 Document number: NO3000011005			
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)			
Ginn Property Management, LLGo			
1 Hammock Beach Pkwy.			
Palm Coast, FL 32/37 &			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
AEGIS Community Management Solutions, I.E.			
AEGIS Community Management Solutions, let. 8390 Championsgate Blvd., Suite 304.			
Championsgate, FL 33896			
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.			
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.			
Signature of an difficer or director NIVE SECVICES Printed or typed name and title			
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.			
9-14.09			
Signature of Registered Agent Date			
If signing on behalf of an entity:			

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name