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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 Phone : (561)650-0728 Fax Number : (561)671-2527

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

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	-WG-1 C-3-3-1			 	

REGISTERED AGENT CHANGE HARBOUR RIDGE YACHT & COUNTRY CLUB, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, (unge is submitted for a corporation or to change its registered office of	n organized under t	he laws of the	State of Florida	<u> </u>	
1. The name of	the corporation: HARBOUR RIDG	GE YACHT & COU	NTRY CLUB,	INC.		
	office address: 12600 N.W. HARE					
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification: 06/15/1984	Docur	nent number:	N03705		
	d street address of the current regi- tment of State: (If resigned, enter		istered office	on file with the		
	CORNETT, JANE c/o Becker & F	Poliakoff, PA				
	759 SW Federal Hwy #213			3E 250	2024 HAY 16	randyse,
	STUART, FL 34994				AY !	
6. The name and (if changed):	d street address of the new register	red agent (if change	d) and /or regi	stered office,	6 PM 12:	
	GY CORPORATE SERVICES, II	NC.		<u> </u>	ယ္	_
	777 S FLAGLER DRIVE SUITE	500E		ריו	ω	
	WEST PALM BEACH, FL 33401	P.O. Box NOT acceptable	e			
The street address changed will	ess of its registered office and the be identical.	street address of the	he business of	ffice of its regi	stered a	agent,
Such change wa authorized by th	as authorized by resolution duly ac board, or the corporation has b	adopted by its boar ocen notified in wri	d of directors ung of the ch	or by an office ange.	er so	
/s/ Jill M. Kel	ly	Jill M. Kel	Jill M. Kelly, President			
I hereby accept I further agree of my duties, an document is bei	the appointment as registered as to comply with the provisions of d I am familiar with and accept ing filed merely to reflect a chang s been notified in writing of this c	all statutes relative the obligation of m ge in the registered	Printed or typed ct in this cape to the proper y position as i office address	acity	perfor it. Or, firm th	mance if this at the
/s/ Melanie	B. Stocks	May 13, 2	024			
Sig	nature of Registered Agent	<u> </u>	Date	c		
If signing on be	half of an entity:					
Melanie B. Stocl	ks, Asst. Secretary	_				
Т	yped or Printed Name	_				
	***FILI	NG FEE: \$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)