

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Fax Number

: (561)694-1639

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REGISTERED AGENT CHANGE

BG FOUNTAINS CONDOMINIUM ASSOCIATION, INC.

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Corporate Filing Menu

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C GOLDEN JUL 2 6 2019

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

1. The name of	the corporation is: BG I	Fountains Condomi	nium Association, Inc.		
	l office address: 12400 S			 -	
ORLANDO					
3. The mailing	address (if different): 40	960 CONFERENCE	E WAY NORTH SUITE	100	
BOCA RAT	ON FL 33431	JOO COIN LIGHT	S WAT NORTH SOILE	100	
4 Dozo of incom		9/12/2004			
	poration/qualification:	8/13/2004	Document Number:	N0400000797	3
Florida Depa	rtment of State:	ment tegistered age	ent and registered office	on file with the	ī
-	CORPORATION SERVICE	E COMPANY		2	
	1201 HAYS STREET		· 	<u></u>	
	TALLAHASSEE FL 323	01		王	رال
o. The name and (if changed):	d street address of the ne	ew registered agent	(if changed) and /or regis	stered office	
(m v	Corporate Creations N	etwork Inc.			
	11380 Prosperity Farm	ns Road #221E			
	(P.0	O. Box Not acceptable)	-		
The street addre	Palm Beach Gardens 1	FL 33410	ddress of the business of	FC	
agent, as change	ed will be identical.	ice and the street a	dimess of the outsiness of	ince of its regi	sterec
Such change w authorized by th	as authorized by resolute board, or the corporation	tion duly adopted ion has been notified	by its board of director d in writing of the change	s or by an office.	ær sc
Juny (Signal)	fure of an officer or director)	<u>A</u>	lejandra Villegas, Attorney-in (Printed or Typed nar	ı-Fact	
, ,	· ·	stered again and an	ree to act in this capacit	ne and title)	
performance of a agent. Or, if the hereby confirm the	to comply with the pi my duties, and I am fam is document is being fill that the corporation has	rovisions of all sta iliar with and accep ed merely to reflect	uutes relative to the pr of the obligation of my po a change in the register	roper and comp	arad
If signing on bel	half of an entity:				
Alejandra Villeg (Type	gas, Special Secretary of or Printed Name)	<u></u>			
N	MAKE CHECKS MAIL TO: DIVISION OF C	PAYABLE TO FLOR ORPORATIONS, P.O	CIDA DEPARTMENT OF S D. BOX 6327, TALLAHAS	TATE SEE, FL 32314	
Corporate Crea 11380 Prospen	ations International Ind ity Farms Road #2215 ardens FL 33410).			