N04000011398

(Re	questor's Name)					
(Address)						
(Add	dress)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu:	siness Entity Nan	ne)				
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50 Change:



Eth stra



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Account#: I20000000088

Date: 09/03/20	20		
Name: Marcel O			
Reference #:	1260152		
Entity Name: INDIAN RI		PERTY OWNERS ASS	OCIATION, INC.
☐ Articles of Incorp☐ Amendment	ooration/Authorization t	o Transact Business	
✓ Change of Agen	t		ANY ISSUES, CALL MARCEL:
Reinstatement			(518) 213 - 0826
Conversion			Thank you!
☐ Merger			20 SEF
Dissolution/Without	drawal		—; . <u>!</u> !
Fictitious Name			ŝĸ
Other			# # # # # # # # # # # # # # # # # # #
			•
Authorized Amount:	\$35.00		
Signature:	Taxasel og borner time		

+44 (0)20.3961.3080

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

statement of chan	ge is submitted	l for a corpora	ation organized u	7.1508, or 617.1508, Flo inder the laws of the Sta gent, or both, in the Sta	ne of Florida
1. The name of th	e corporation;	INDIAN RIV	ER PRESERV	E PROPERTY OWN	ERS ASSOCIATION, INC
					
3. The mailing ad	dress (if differ	ent):			
4. Date of incorpo	oration/qualific	eation: Dece	mber 6, 2004	Document number:	N04000011398
5. The name and : Florida Departi				nd registered office on	file with the
_		CT Cor	poration S	System	
_	1	200 Sout	th Pine Isla	and Road	
_		Planta	ition, FL	33324	
(if changed):		_	-	hanged) and /or register	red office 20
-	COGEN	CY GLC	BAL INC.	 	 <u>+</u>
-	115 Nor		un St., Su		
	Tallahassee, FL 32301				
The street addres as changed will b	s of its registe e identical.	red office and	I the street addre	ss of the business office	e of its registered agent,
				s board of directors or l in writing of the chang	
/s/ Natalia Ost	ensen			iatalia Ostensen	Secretary
I hereby accept the I further agree to	ie appointmer comply with a	t as registeres he provisions	of all statutes re	te to act in this capacity elative to the proper an the obligation of my pa change in the registered ing of this change.	V. d complete
Signa	ture of Registered :	Agent		9/3/2020	

If signing on behalf of an entity:

Tim Mayville, Assistant Secretary Typed or Printed Name

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