

NOS 000001190

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
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2023 JUL 13 11:02

**REGISTERED AGENT CHANGE
TOWNS OF WESTYN BAY COMMUNITY ASSOCIATION, INC.**

Certificate of Status	0
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2023 JUL 13 PM 6:22

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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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TOWNS OF WESTYN BAY COMMUNITY ASSOCIATION, INC.

2. The principal office address: 1170 Celebration Blvd, Suite 202
Celebration, FL 34747

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/04/2005 Document number: N05000001190

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)

ACCESS RESIDENTIAL MANAGEMENT LLC
1170 Celebration Blvd, Suite 202
Celebration, FL 34747

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

2023-07-13 7:13:02

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.

Juliet S Juan
Signature of an officer or director

Juliet Juan President
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.

C T Corporation System
[Signature]
Signature of Registered Agent

07/07/2023
Date

By:

If signing on behalf of an entity:

Terrie Bates, Assistant Secretary
Typed or Printed Name

***** FILING 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)