## N0500000 2740

(Requesto	r's Name)	
(Address)		
(Address)		
(City/State	e/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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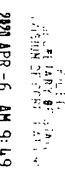


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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ Name	ECT: Bells River Estates Homeowners Association, Inc. of Corporation
DOC	JMENT NUMBER: N05000002740
The er	aclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Lisa D	vavis
Name	of Contact Person
	er Florida Property Management
	Company
2220 (	County Road 210 W STE 108 PMB 128
Addre	
Saint J	ohns, Florida 32259
City/S	tate and Zip Code
	LISA@PREMIERFLORIDAPM.COM
E-ma	l address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Lisa D	vavis 327-9517
-	Name of Contact Person at (904 ) 527-9517  Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section  Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

rsuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tement 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.	_
The name of the corporation:    Bells River Estates Homeowners Association, Inc.	
The principal office address: 2220 County Road 210 W STE 108 PMB 128 int Johns, Florida 32259	_
The mailing address (if different): P.O. Box 2088 Callahan, Florida 32011	_
Date of incorporation/qualification: 03/16/2005 Document number: N05000002740	
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)	
Bennett Patricia	
5991 Chester Avenue Suite 203	
Jacksonville, Florida 32217	282A A
The name and street address of the new registered agent (if changed) and/or registered office	APR -6
Lisa Davis C/O Premier Florida Property Management	A
2220 County Road 210 W StC 100-120	<del>ئ</del>
P.O. Box NOT acceptable Saint Johns, Florida 32259	<u></u>
te street address of its registered office and the street address of the business office of its registered age changed will be identical.	nt.
ch change was authorized by resolution duly adopted by its board of directors or by an officer so thorized by the board, or the corporation has been notified in writing of the change.	
By Signature of an officer or director  Teff Horner President  Printed or typed name and title	_
pereby accept the appointment as registered agent and agree to act in this capacity, arther agree to comply with the provisions of all statutes relative to the proper and complete performative my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if cument is being filed merely to reflect a change in the registered office address, I hereby confirm that reportation has been notified in writing of this change.	nce this the
Signature of Registered Agent March 31, 2020	_
signing on behalf of an entity:	
isa Davis Typed or Printed Name	

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