NO5 60000 2944

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TO: Amendment Section Division of Corporations

SUBJECT: TERRACE RIVER LANDINGS TOWNHOME ASSOCIATI	ON, INC.
Name of Corporation	 -
DOCUMENT NUMBER: N05000002944	
The enclosed Statement of Change of Registered Office/Agent and fee	e are submitted for filing.
Please return all correspondence concerning this matter to the following	ng:
Rashid Annahas	
Name of Contact Person	
Blackbyrd Al LLC	
Firm/Company	
34823 Telluride Ln	
Address	
Zephyrhills, FL 33541	
City/State and Zip Code	202
contact@blackbyrd.ai	
E-mail address: (to be used for future annual report notification	ZOZY JUL 31
	3
For further information concerning this matter, please call:	SEE F
Rashid Annahas at (813) ⁵⁰²⁻¹⁰⁵²
Name of Contact Person Area Co	ode & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

in 6	order to change its registered of	oration organized under the laws of the State of
1. The name	of the corporation: TERRACE I	RIVER LANDINGS TOWNEHOME ASSOCIATION
2. The princi	pal office address: 34823 TELLU	RIVER LANDINGS TOWNEHOME ASSOCIATION URIDE LN ZEPHYRHILLS, FL 33541
3. The mailin	ng address (if different):	
4. Date of inc	corporation/qualification: 2023	Document number:
5. The name:		t registered agent and registered office on file with the
	RESIGNED	
		7AL 24 J
		AAA C
6. The name as (if changed)	•	gistered agent (if changed) and /or registered office
	BLACKBYRD AI LLC	
	34823 TELLURIDE LN ZEPF	
	,	P.O. Box NOT acceptable
The street address changed will	ess of its registered office and	the street address of the business office of its registered agent
Such change was	as authorized by resolution du the board, or the corporation has	aly adopted by its board of directors or by an officer so as been notified in writing of the change.
/ Signatur	om Davide	JOHN BAUDER, TREASURER
haraby	the appointment as registered o comply with the provisions of I am familiar with and access	Printed or typed name and title I agent and agree to act in this capacity, of all statutes relative to the proper and complete performanc pt the obligation of my position as registered agent. Or, if this ange in the registered office address, I hereby confirm that the
f my duties, and ocument is bein proration has	ig filed merely to reflect a cha been notified in writing of thi	is change.
ocument is being proporation has	ng filed merely to reflect a cha been notified in writing of thi.	11/13/2024
ocument is bein orporation has Signa	cutter of Registered Agent	
ocument is bein orporation has Signa	alf of an entity:	11/13/2024

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE CR2E045 (04/13)

MAIL TO: DIVISION OF CORPORA'I IONS, P.O. BOX 6327, TALLAHASSEE, FL 32314