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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : MECHANIK NUCCIO HEARNE & WESTER, P.A.
Account Number : 110727003105
Phone : (813) 276-1920
Fax Number : (813) 276-1560

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: RegisteredAgent@Floridalandlaw.com

**REGISTERED AGENT CHANGE
BLACKSTONE AT BAY PARK HOMEOWNER'S
ASSOCIATION, INC.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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C. CARROTHERS

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

1. The name of the corporation: Blackstone at Bay Park Homeowner's Association, Inc.
2. The principal office address: c/o Arkham Services, 1845 Sun City Center Plaza #5129, Sun City Centre, FL 33571
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/23/2005 Document number: N05000005431
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)

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

Registered Agent Services of Mechanik, Nuccio, Hearne & Wester, P.A.

305 S. Boulevard

P.O. Box NOT acceptable

Tampa, FL 33606-2150

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.

[Signature]
Signature of an officer or director

Juan Rivera Treasury
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.

[Signature]
Signature of Registered Agent

11/10/15
Date

If signing on behalf of an entity:

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 (03/12)

CLERK OF STATE
TALLAHASSEE, FLORIDA

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