N0500000 8574

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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10/15/19--31/22/-008 **35.00



NOV 0 5 2813 T SCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BAY TOWERS CONDOMINIUM ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER, NO5000008574

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON

Name of Contact Person

INCFILE.COM LLC

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON

.855 .829-90

Name of Contact Person

Area Code & 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| statement of cha | inge is submitted for a corporation | 7.0502 , 607.1508 , or 617.1508 , Florida 3 organized under the laws of the State of $_{\perp}$ registered agent, or both, in the State of $_{\perp}$ | FLORIDA |
|--|---|---|---------------------------|
| 1. The name of t | the corporation: BAY TOWER | S CONDOMINIUM ASSOCIA | ATION, INC. |
| | office address: 2719 HOLLYV OOD, FL 33020 | WOOD BLVD SUITE 162, | |
| | ddress (if different): 2719 HOL WOOD, FL 33020 | LYWOOD BLVD SUITE 162 | 1 |
| 4. Date of incom | poration/qualification: 08/19/20 | Document number: N0500 | 00008574 |
| | I street address of the current registe tment of State: (If resigned, enter re | ered agent and registered office on file wesigned) | ith the |
| | SOFIYE WILLIAMS Eso | Į. | |
| 500 EAST BROWARD BLVD SUITE 1710 | | | |
| | FORT LAUDERDALE,, | FL 33394 | <u> </u> |
| 6. The name and (if changed): | I street address of the new registere | d agent (if changed) and /or registered of | |
| LEGALINC CORPORATE SERVICES INC. 5237 SUMMERLIN COMMONS SUITE 400 | | | |
| | | | |
| The street addre | ess of its registered office and the sbe identical. | street address of the business office of it | s registered agent, |
| Such change wa authorized by th | as authorized by resolution duly ad ne board, or the corporation has be | lopted by its board of directors or by an en notified in writing of the change. | officer so |
| Luz | Johanna Acosta | LUZ JOHANNA ACOS | |
| I hereby accept I further agree to performance of agent. Or, if the | the appointment as registered age to comply with the provisions of al my duties, and I am familiar with | ent and agree to act in this capacity. Il statutes relative to the proper and com and accept the obligation of my position to reflect a change in the registered offic | aplete n as registered |
| Jatus | climenti | 10/04/2019 | |
| (1) | nature of Registered Agent | Date | |
| PATTY SC | half of an entity: | | |
| | Vined or Printed Name | | |

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