N050000122-33

SENTRY Management INC. 2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 330750-G (City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name) (Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:		
	Office Use Or	nlv	



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SECRETARY OF STATE
AND ANASSEF FLORID.

Control

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 State 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.	ORIDA
1. The name of the corporation: THE GALLERY AT BAYPORT CONDOMINIUM ASSOCIATION	N, INC.
2. The principal office address: 2180 WEST SR 434 STE 5000	
LONGWOOD FL 32779-5044	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/06/2005 Document number: N05000012	233
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	he
MEZER, STEVEN	SE SE
1801 N HIGHLAND AVE	FEB CRE LAHA
TAMPA FL 33602	SSE 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	ED PN 2:5 Of STATE, FLORM
JAMES W HART JR	Am o
C/O SENTRY MANAGEMENT, INC./ 2180 WEST SR 434 STE 5000 (P.O. Box NOT acceptable)	•
LONGWOOD FL 32779-5044	
The street address of its registered office and the street address of the business office of its reas changed will be identical.	egistered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board, or the corporation has been notified in writing of the change.	ficer so
Jama a Kearney LAURA A. KEARNEY	PRESIDENT,
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 comple of my duties, and I am familiar with and accept the obligation of my position as registered a document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	RD OF DIRECTORS ete performance gent. Or, if this confirm that the
(Signature of Registered Agent) 2 Q Q (Date)	
If signing on behalf of an entity:	
JAMES W HART JR (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 (8/05)