## N0600000065Z

(Red	questor's Name)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nar	ne)			
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(Doe	cument Number)				
Certified Copies	Certified Copies Certificates of Status				
Special Instructions to f	-iling Officer:				





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SEP 1 7 2012

T. LEWIS



850 Park Shore Drive Trianon Centre - Third Floor Naples, FL 34103 239.649.6200 Main 239.261.3659 Fax

September 11, 2012

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Bella Lago Condominium at Bay Beach Condominium Association, Inc.

Statement of Change of Registered Agent

## Dear Sir/Madam:

Enclosed is a Cover Letter, Statement of Change of Registered Office or Registered Agent or Both for Corporations form along with a check in the amount of \$35.00 payable to the Division of Corporations for filing regarding the above Association.

Should you have any questions regarding the enclosed, please contact our office.

Very truly yours,

Trina Shatto

Secretary to Ashley D. Lupo

:ts

Enclosure cc: Client

CLEVELAND TOLEDO AKRON COLUMBUS CINCINNATI WASHINGTON, D.C. TALLAHASSEE ORLANDO FORT MYERS NAPLES

664831 v 01\019372.0014 www.ralaw.com

## **COVER LETTER**

Division of Corporations
SUBJECT: BELLA LAGO CONDOMINIUM AT BAY BEACH CONDOMINIUM Name of Corporation ASSOCIATION, INC.
DOCUMENT NUMBER: NO6 00000652
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:  R + A Agents, Anc.  Clo ASHLEY LUPO ESB.  Name of Contact Person  ROETZEL & ANDLESS  (Firm/Company)
850 PARKSHORE DRIVE, THILD FLOOR
NAPLES FL 34103  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    LERONICA LEE CAM at (239 434-1441 X 1 13

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

TO:

Amendment Section

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

statement of change i	isions of sections 607.050, is submitted for a corpora change its registered office	tion organized under th	ne laws of the State of	FLORIDA-	
1. The name of the co	orporation: <i>BEJUA UAG</i> S	CONDOMINIAN A	TB49 BEACH I	CONDOMUNIUM ASSO	<u>CIA</u> TION, INC.
2. The principal offic	ce address: % INTER	RAPED PROPERTY	MANAGEM GNT		<u></u>
5020 TAMI	AMI TRAIL N #	26 NAPLES	FC 3410	3	
3. The mailing address	ss (if different):				<u></u>
4. Date of incorporati	ion/qualification:/_	20 - 06 Docum	nent number: <u>N X</u>	00000652	<del></del>
	ei address of the current re ni of State: (If resigned, en		stered office on file	with the	
FOLMER	ROBERT MCCU	DRE	·	-	
ئ	3511 BONITA	BAN BUB	Ì	REC'D AUG 20	2012
	BONITH SPRINGS	•	į.	—	
6. The name and stree (if changed):	et address of the new regis R+A Agents ASHLEY LUP	s,9nc.	l) and /or registered		
Ro	ETTEL MANNE	O Box NOT acceptable	· ,		显 t: 5:1
_ <i>8</i> :	SO PARKSHORE	DRIVE THIRD	From - NAP	LES FL 34183	<b>)</b>
The street address of as changed will be id	f its registered office and dentical.	the street address of th	e business office of	its registered agent,	
Such change was aut authorized by the bo	thorized by resolution dulard or the corporation ha	y adopted by its board is been notified in writi	of directors or by a ing of the change.	n officer so	
Signature of a	Politicer or director	TER.	ey CAMP BE Printed or typed name and	TL PRESIDEN	7
I further agree to con	appointment as registerea mply with the provisions luties, and I am familiar v cument is being filed mer the corporation has been	of all statutes relative with and accept the obl ely to reflect a change notified in writing of t	to the proper and co	omplete on as registered fice address, I	
(Chly Signature	of Registered Agents	<u>,9</u> nc.	9/11/12 Date		
If signing on behalf of	of an entity:				
Ashley D. L	r Printed Name	gents, anc.	n to the public offi		

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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