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C. LEWIS

JUN 1 6 2019

EXAMINER

COVER LETTER

TO:

Amendment Section Division of Corporations

Back Bay At Carillon Property Owners Association, Inc.

Name of Corporation

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:

Brian Fons

Name of Contact Person

Corporate Creations

Firm/Company

3023 N Clark Street #318

Chicago, IL 60657
City/State and Zip Code

brian.fons@corpcreations.com

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

For further information concerning this matter, please call:

Brian

Name of Contact Person

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 char	nge is submitted for a corporation organize to change its registered office or registere		
 The name of the control of the principal of the principal of the control of the con	he corporation: Back Bay At Carilloffice address: 235 Third Street	on Property Owners Associa South, Suite 300	·
 			
4. Date of incorp	oration/qualification: 01/18/2007	Document number: N0700000	603
5. The name and	street address of the current registered agestment of State: (1f resigned, enter resigned)	nt and registered office on file with the	
	Corporation Service Com	pany	
	1201 Hays street		
	Tallahassee, FL 33701		75 7
6. The name and (if changed):	street address of the new registered agent ((if changed) and /or registered office	FALL TOWN -3
	Corporate Creations Netw	vork Inc.	THE RESERVE
	11380 Prosperity Farms F	Road #221E	프(G. 5. 암쪽 0
	P.O. Box NOT acc	• · · · · · · · · · · · · · · · · · · ·	
The street addre	ess of its registered office and the street ad be identical.	dress of the business office of its registered	l agent,
_		y its board of directors or by an officer so led in writing of the change.	
	Int a	James A. Coyne Authorized Agent, Horn	
I hereby accept	telet an officer or director the appointment as registered agent and a to comply with the provisions of all statute my duties, and I am familiar with and acc is document is being filed merely to reflect that the corporation has been notified in v	Printed or typed name and title Charagree to act in this capacity, as relative to the proper and complete ept the obligation of my position as registe t a change in the registered office address, writing of this change.	Eastam Tred I
΄ 'Λ		5/21/14	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	ns, Vice president Syped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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