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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Fax Number

: (561)694-1639

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

Email Address:

REGISTERED AGENT CHANGE

ARANDA COMMONS OWNERS ASSOCIATION, INC.

VER	AM I'l : 1%		ORIOA
KECEIVER	431 A	OF CORPORATION	
	17 JAN31	PANSION TO THE PANSIO	

R. WHITE

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Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410

(561) 694-8107

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

1. The name of	the corporation is: Jacarar	da Commons O	wners Association, Inc.		
2. The principal office address: 400 CLEMATIS STREET SUITE 201					
	M BEACH, FL 33401				
3. The mailing a	address (if different): 285	1 JOHN STREE	T SUITE 1		
MARKHAM	I ON L3R 5R7 CA	•			
	poration/qualification:	5/7/2009	Document Number:	N09000004536	
5. The name and Plorida Depart	d street address of the currettment of State:	ent registered a	gent and registered office	on file with the	
	NRAI SERVICES, INC			至第一寸	
	1200 South Pine Island	Road		<u> </u>	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporate Creations Net	work Inc.			
11380 Prosperity Farms Road #221E					
	Palm Beach Gardens FI	Box Not acceptable) . 33410		\$ 60 \$ 80	
The street addre			address of the business of		
Such change was authorized by the	as authorized by resoluti e board, or the corporatio	on duly adopted n has been notifi	l by its board of director ed in writing of the chang	es or by an officer sc e.	
) from	ure of an officer or director)	<u> </u>	by Savannah Montalban as Atte (Printed or Typed na	orney-in-Fact	
I hereby accept I further agree performance of agent. Or, if th	the appointment as regista to comply with the pro my duties, and I am famil	visions of all s iar with and acc I merely to refle	igree to act in this capacit latutes relative to the pi ept the obligation of my p ct a change in the registe	y. roper and complete osition as registered	
(Signature of Registered Agent)			1/27/17 (Date)		
If signing on behalf of an entity:			(Date	,	
•	•				
Savannah Monta (Type	alban, Special Secretary ad or Printed Name)				
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314					

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