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(Req	uestor's Name)	
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RECEIVEN

A. BUTLER
JUN 0 8 2022

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 791516 8378711				
AUTHORIZATION : Trebelle man				
COST LIMIT :/ \$ 35.00				
ORDER DATE : July 7, 2022				
ORDER TIME : 10:31 AM				
ORDER NO. : 791516-005				
CUSTOMER NO: 8378711				
CHANGE OF AGENT				
NAME: EVERGLADES ISLE MOTOR COACH RETREAT PROPERTY ASSOCIATION, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Si organized under the laws of the State of $\frac{F}{F}$	·L
		registered agent, or both, in the State of Fl E MOTOR COACH RETREAT PROPERTY	
1. The name of t	the corporation:	Polloville MI 49444	700001711014, 1140
2. The principal	office address: 6001 Schooner St.	Delleville, Wi 40 1 1	
3. The mailing a	ddress (if different): P.O. BOX 729	9 Belleville, MI 48112	
4. Date of incorp	oration/qualification: 01/15/2010	Document number: N100000	00562
	I street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file wit resigned)	h the
	CT Corporation System		
	1200 South Pine Island Road		2022 SEC
	Plantation	FL 33324	ALL THE
6. The name and (if changed):	d street address of the new registers	ed agent (if changed) and /or registered offi	T PM 4: 39
	Corporation Service Company		ST F
	1201 Hays Street		39 39
		P.O Box NOT acceptable	
	Tallahassee	FL 32301	
_		street address of the business office of its dopted by its board of directors or by an een notified in writing of the change.	
Ame G	me totald, of the confining of has of	James A. Moskal	Secretary
corporation has	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this co n Service Company	Printed or typed name and title and agree to act in this capacity, all statutes relative to the proper and complete to the proper and complete obligation of my position as registered in the registered office address. I hereby hange.	
By: Dag	· Cokubi.	07/07/2022	
Sign	nature of Registered Agent half of an entity:	Date	
	Asst. Vice President		
	oped 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 (04/13)