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FEB 16 2016



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: February 11, 2016

Order#: 010118/005

Re: BAL HARBOUR RESORT MASTER ASSOCIATION, INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

•	provisions of sections 607.0502, inge is submitted for a corporatio					
in orde	r to change its registered office o	or registered agent, or bot	th, in the Sta	ite of Florida.		
1. The name of t	he corporation: BAL HARBOUR	RESORT MASTER ASS	SOCIATION	, INC.		
	office address:Avenue, Bal Harbour FL 33154					
3. The mailing a	ddress (if different): 9002 San I	Marco Court, Orlando, FL	32819			
4. Date of incorp	poration/qualification: 10/10/20	11 Document	number: N1	11000009545		
	I street address of the current reg tment of State: (If resigned, ente	•	ed office on	file with the		
	C T CORPORATION SYSTEM	1				
	1200 SOUTH PINE ISLAND RO	OAD				
·	PLANTATION	FL	33324			
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered agent (if changed) agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered ag					
	1201 Hays Street			SEE. 5		
		, Box NOT acceptable	22224	FIST D		
	Tallahassee	FL	32301	RIBE ORIE		
The street address changed will	ess of its registered office and the be identical.	e street address of the bu	siness offic	e of its registered agent,		
Such change wa authorized by th	as authorized by resolution duly the board, or the corporation has	adopted by its board of obeen notified in writing of	directors or lof the chang	by an officer so e.		
Xel_	2 GOME	Jill Cilmi, Vice F				
Lfurther agree is performance of agent. Or, if this hereby confirm	the appointment as registered a to comply with the provisions of my duties, and I am familiar with the document is being filed merel that the corporation has been not service Company	igent and agree to act in all statutes relative to th th and accept the obligat y to reflect a change in th	ne proper an ion of my po he registered	y. id complete osition as registered		
	nature of Registered Agent		Date			
If signing on be	half of an entity:					
Grace E. Kirby,	Asst. Vice President					
T	yped or Printed Name	_				

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

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

statement of cha	provisions of sections 607.0502, o nge is submitted for a corporatio r to change its registered office o	n organi	zed under the la	ws of the St	tate of FL	
1. The name of t	he corporation: BAL HARBOUR	RESOR	MASTER ASS	SOCIATION	I, INC.	
	office address: Avenue, Bal Harbour FL 33154					
3. The mailing a	ddress (if different): 9002 San N	∕larco Co	urt, Orlando, Fl	_ 32819		
4. Date of incorp	poration/qualification: 10/10/201	1	Document	number: N	11000009545	_
	street address of the current regi tment of State: (If resigned, enter	_	_	ed office on	n file with the	
	C T CORPORATION SYSTEM					
	1200 SOUTH PINE ISLAND RO	DAD				
·	PLANTATION		FL	33324		1
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered of the new registered agent (if changed) and /or registered of the new registered of the new registered agent (if changed) and /or registered of the new registered of the new registered agent (if changed) and /or registered of the new					,
	1201 Hays Street				8EE.0	
	P.O.	Box NOT a	cceptable			
	Tallahassee	_	FL	32301	PATE 5	
The street addre	ss of its registered office and the be identical.	e street a	ddress of the bu	ısiness offic	ce of its registered agent,	
	s authorized by resolution duly as board, or the corporation has b	adopted l been noti	by its board of a fied in writing of	directors or of the chang	by an officer so ge.	
-Xel	2 GOME	_	Jill Cilmi, Vice			
thereby accept further agree to performance of agent. Or, if this hereby confirm	the appointment as registered a comply with the provisions of my duties, and I am familiar with s document is being filed merely that the corporation has been not Service Company	all statut h and ac to refle	agree to act in tes relative to th cept the obligat ct a change in t	ne proper an tion of my p he registere	ity. nd complete position as registered	
	nature of Registered Agent	_ \		Date		
	half of an entity:					
	Asst. Vice President	_				

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

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