2/3/2015 12:25:19 From: To: 85061760

Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6380

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

Fax Number

Phone : (850)222-1092 : (850)878-5368

**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 COVE AT BAY PINES HOMEOWNERS' ASSOCIATION, INC

Certificate of Status	0
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Electronic Filing Menu

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C. CARROTHERS Help

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	COVE AT BAY PINES HOMEOWNERS' ASSOCIATION, INC.	
GCD0.	Name of Corporation	
DOCU	N13000001845 JMENT NUMBER:	
The er	aclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
	return all correspondence concerning this matter to the following:	
	Diana Hernandez	
	Name of Contact Person	
	CiraConnect	
	Firm/Company	
	P.O. Box 803555	
	Address	
	Dallas, TX 75380	
	City/State and Zip Code	
	RegisteredAgent@ciramail.com	
	E-mail address: (to be used for future annual report notification)	
For fu	rther information concerning this matter, please call:	
Diana	Hernandez 972 380-3522 at ()	
	Name of Contact Person at () Area Code & Daytime Telephone Number	
Enclo	sed is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Amendment Section Street Address: Amendment Section	
	Division of Corporations Division of Corporations	
	P.O. Box 6327 Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0302, 617.030 statement of change is submitted for a corporation orga	
in order to change its registered office or regist	
1. The name of the corporation: COVE AT BAY PINES I	HOMEOWNERS' ASSOCIATION, INC.
2. The principal office address: 4105 CRESCENT PARK	DRIVE
RIVERVIEW, FL 33578	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/25/2013	Document number: N13000001845
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign	
KB HOME TAMPA LLC	
4105 CRESCENT PARK DRIVE	
RIVERVIEW, FL 33578	3n (c
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office
C T Corporation System	
c/o C T Corporation System, 1200 South	Pine Island Road
P.O. Box NO	T acceptable
Plantation, Florida 33324	20 9
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been no	d by its board of directors or by an officer so officed in writing of the change.
The state of the s	Michael Jones, Vice President
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all state performance of my duites, and I am familiar with and agent. Or, if this document is being filed merely to refereby confirm that the corporation has been notified.	rinted or typed name and title and agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as registered flect a change in the registered office address, i in writing of this change.
Ву:	2/3/2015
Signature of Registered Agent If signing on behalf of an entity:	Date
Michael Jones, Assistant Secretary	
Typed or Printed Name	
* * * FILING FI	EE: \$35.00 * * *

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