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	rax Number	: (850)617-6380	mae.
from:			
	Account Name	: C T CORPORATION SYSTEM	
	Account Numbe	r : FCA000000023	
	Phone	: (614)280-3338	<i>□</i>
	Fax Number	: (614)573-3996	ب
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REGISTERED AGENT CHANGE BEL LAGO MAINTENANCE ASSOCIATION, INC.

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To: Page: 3 of 3 2025-03-03 13 07:13 CST 12122023573 • From: Daylon Plett

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

statement of cha	nge is submitted f	n a corporation orga	502, 607, 1508, or 617, 1508, Florida Statutes, this anized under the laws of the State of Florida stered agent, or both, in the State of Florida.		
 The name of t The principal 	he corporation:	BEL LAGO MAINTEN California Street, Suit	NANCE ASSOCIATION, INC. te 3000 San Francisco, CA 94111		
4. Date of incorp	oration/qualificat	ion: 10/18/2013	Document number: N13000009446		
		the current registered resigned, enter resign	l agent and registered office on file with the ned)		
	CORPORATION	SERVICE COMPANY	γ.		
	1201 HAYS STREET				
	TALLAHASSEE, FL 32301				
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office			至 8:	
	C 1 Corporation	System		· · · ·	
	1200 South Pine Island Road				
	P.O. Box NOT acceptable Plantation, Florida 33324				
		· · · · · · · · · · · · · · · · · · ·			
The street addre as changed will	ss of its registered be identical.	d office and the stree	eraddress of the business office of its registered ag	ent.	
Such change wa authorized by th	is authorized by role board, or the co	esolution duly adopte orporation has been n	ted by its board of directors or by an officer so notified in writing of the change.		
پنتوند.	las E		Frances Lo. Authorized Signatory Praised or typed name and title		
I hereby accept I further agree to of my duties, an doctiment is bet	the appointment of comply with the day of Lam familiar with the filed merely to becapyolified in the company of	as registered agent a cyrovisions of all sta ah and accept the of reflect a change in t writing of this chang	nd agree to act in this capacity. atutes relative to the proper and complete perform hligation of my position as registered agent. 'Or, if the registered office address,' I hereby confirm that	trus -	
C T Corporation	System And 10	Linals	02/26/25		
Sign	nature of Registered Ago		Date		
If signing on be	half of an entity:				
Sandra Zwijack,	Assistant Manager				
T	ped or Printed Name				

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

By: