N14000005245

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CARCICHE

OCT 28 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 159856 / 7779145

AUTHORIZATION : Spelled man

COST LIMIT : \$ 25.00

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ORDER DATE: October 22, 2021

ORDER TIME : 5:21 PM

ORDER NO. : 159856-121

CUSTOMER NO: 7779145

CHANGE OF AGENT

NAME: PASEO NORTHWEST BLOCK

ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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

statement of cha	nge is submitted for a corpora	2, 617,0502, 607.1508, or 617.1508, Florida Statutes, tion organized under the laws of the State of <mark>FL</mark> e or registered agent, or both, in the State of Florida.	this
	C. C.	THWEST BLOCK ASSOCIATION, INC.	
		Street 5th Floor, CORAL GABLES, FL 33134	,
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 06/04/2	014 Document number: N1400005245	
5. The name and		egistered agent and registered office on file with the	37
	REGISTERED AGENTS OF	FLORIDA, LLC)21 (
	100 SE 2ND ST SUITE 2900	0	2021 001 27
	MIAMI, FL 33131-2130		<u> </u>
6. The name and (if changed):	I street address of the new regis	stered agent (if changed) and /or registered office) Ali 10: 20
	Corporation Service Compar	ny	
	1201 Hays Street		
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and be identical.	the street address of the business office of its registe	ered agent,
Such change wa authorized by th	^ ·	ly adopted by its board of directors or by an officer as been notified in writing of the change.	so
	Xia E. agni	Jill Cilmi, Vice President	
I hereby accept I further agree t of my duties, an document is bei corporation has	the approintment as registered	Printed of typed name and title I agent and agree to act in this capacity, of all statutes relative to the proper and complete pe the obligation of my position as registered agent, ange in the registered office address, I hereby confit is change.	erformance Or, if this on that the
	Lance Total	10/25/2021	
Sign	nature of Registered Agent half of an entity:	Date	
Grace E. Kirbv	Asst. Vice President		
	ped or Printed Name		

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