Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

Phone : (614)280-3338 Fax Number

: (954)208-0845

**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 BELLA TERRA OF PASCO COUNTY HOMEOWNERS' ASSOCIATION,

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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By:

CR2E045 (04/13)

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

Pursuant to the provisions of sections 607,0502, 617,050 statement of change is submitted for a corporation organin in order to change its registered office or regist.	rized under the laws of the State	e of Florida	
1. The name of the corporation: Bella Terra of Pasco Cour	nty Homeowners Association, Inc	; <u> </u>	
3. The mailing address (if different):			
4. Date of incorporation/qualification: 10/07/2014	Document number: N140	100009430	
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned		le with the	
ORSI, JENNIFER			
3600 GALILEO DR., STE 104			
Trinity, FT. 34655	_		
6. The name and street address of the new registered ager (if changed):	nt (if changed) and /or registere	d office	
C T Corporation System			
1200 South Pine Island Road			
	NOT acceptable		
Plantation, Florida 33324			
The street address of its registered office and the street as changed will be identical.	address of the business office	of its registered a	gent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	by its board of directors or by titled in writing of the change	an officer so	
Patricia O. Buck	Patricia O. Buck	President	
I hereby accept the appointment as registered agent am I hereby accept the appointment as registered agent am I further agree to comply with the provisions of all state of my duties, and I on familiar with and accept the obli- document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	Hes relative to the proper and	complete perfora	nance if this it the
CT Corporation System Like WGB	12/15/2021	Z A	
Signature of Registered Agent	Date	2.7	202 <mark>1</mark> DEC 15
If signing on behalf of an entity:		25	
Lisa D. DuBois, Assistant Secretary		SFE SFE	15 E
Typed or Frinked Name * * * FILING FE	E: \$35.00 * * *	OF ST	AN G
Make Checks Payable to Flo Mail to: Division of Corporations, P.	DEPARTMENT OF STAIR	TATE ORIDA FL3334	<u></u>