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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 : (561)694-8107

: (561)694-1639 Pax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* S TALLENT

Email Address:

REGISTERED AGENT CHANGE STOREY PARK COMMUNITY ASSOCIATION, INC.

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Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

JUL 3 1 2020

STATEMENT OF CHANGE OF REGISTE	RED OFFICE OR REC	GISTERED AGENT OR BOTH
FOR CORPORATIONS		

Pursuant to the p	rovisions of sections 607.0502, 617.05	502, 607,1508, or 61	7.1508, Florida Sta	<i>itutes, this</i> orida	
_ in order	ge is submitted for a corporation orge to change its registered office or regi	stered agent, or both	, in the State of Fto	rida.	•
0.1	STOREY PARK COM!	MUNTIY ASSOCIA	TION, INC.		_
2. The principal of	office address: 6750 Forum Drive, Suite	310, Orlando, FL 3	2821		- -
3. The mailing ac	dress (if different):				
4. Date of incorp	oration/qualification: 07/28/2015	Document r	umber: N15000007	330	
5 The name and	street address of the current registered ment of State: (If resigned, enter resig	l agent and registere			
	C T CORPORATION SYSTEM				است
	1200 PINE ISLAND RD			:	120 J
	PLANTATION, FL 33324				1020 JUL 3U
6. The name and (if changed):	street address of the new registered a	gent (if changed) and	d/or registered office	;e	<u></u>
	Corporate Creations Network Inc.				
	801 US Highway 1	_			
	P.O North Palm Beach, Florida 33408	Box NOT acceptable			
The street address changed will	ess of its registered office and the street be identical.	eet address of the bu	siness office of its	registered ager	n <b>t</b> ,
Such change wa authorized by th	is authorized by resolution duly adopte board, or the corporation has been	sted by its board of a notified in writing	directors or by an o of the change.	fficer so	
	00.		an, Attorney-in-Fact		_
I hereby accept I further agree to of my duties, an	the appointment as registered agent the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the d ng filed merely to reflect a change in been notified in writing of this chan	and agree to act in tatutes relative to the obligation of my pos the registered office	ed or typed name and till this capacity. te proper and comp tition as registered e address, I hereby		nce this the
		07/30/2020			_
Sig	nature of Registered Agent		Date		_
If signing on be	half of an entity:				
	an, Special Secretary				
T	pped or Printed Name	PRE. #3# 00 + + +			
	* * * FILING	FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILLAHASSEE, FL 32314
CR2E045 (04/13)