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From:

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Account Number: 110432003053

: (561)694-8107

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: (561)694-1639

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REGISTERED AGENT CHANGE WEST END II TOWNHOMES ASSOCIATION, INC.

Certificate of Status	0			
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AUG 0 3 2020

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1 of 2

7/31/20 12:37 PM

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

statement of ch	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.		
	the corporation: WEST END II TOWN	•		
2 The principa	office address: 12906 TAMPA OAKS	BLVD, STE. 100, TEMPLE TERRACE, FL 33637		
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 01/06/2017	Document number: N17000000170		
	d street address of the current registere rtment of State: (If resigned, enter resigned.)	d agent and registered office on file with the gned)		
	HOMERIVER GROUP			
	12906 TAMPA OAKS BLVD, STE. 100			
	TEMPLE TERRACE, FL 33637			
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered office		
	Corporate Creations Network Inc.			
	801 US Highway 1	ψ.		
		Box NOT acceptable		
	North Palm Beach, FL 33408			
The street addre	ss of its registered office and the stree be identical.	et address of the business office of its registered agent,		
Such change was authorized by th	s authorized by resolution duly adopt e board, or the corporation has been r	ted by its board of directors or by an officer so notified in writing of the change.		
		Danielle Gossman, Attorney-in-Fact		
-	ot an officer or director	Printed or typed name and title		
oj my auties, and document is bei	the appointment as registered agent of o comply with the provisions of all sta of I am familiar with and accept the ol ng filed merely to reflect a change in t beep notified in writing of this chang	and agree to act in this capacity. atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the e.		
	(\mathcal{A})	07/31/2020		
Sign	abure of Regulered Agent	Date		
If signing on bel	ualf of an entity:	•		
Danielle Gossma	n, Special Secretary			
Ту	ped or Printed Name			

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahasseb, FL 32314 CR2E045 (04/13)