

N17000 000627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

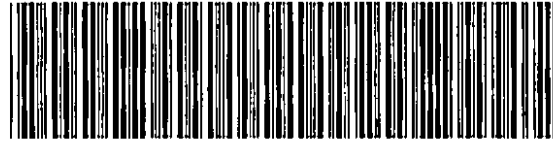
(Business Entity Name)

(Document Number)

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# COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Save Bay Pointe Golf Course Inc  
Name of Corporation

DOCUMENT NUMBER: N 17000000627

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda McDowell  
Name of Contact Person

SBGL  
Firm/Company

9433 Harbor Greens Way #203  
Address

Seminole, FL 33776  
City/State and Zip Code

E-mail address: (to be used for future annual report notification) linda.mcdowell12@gmail.com

For further information concerning this matter, please call:

Kate LaVanche at (914) 213-8614  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Save Bay Pointe Golf Course Inc
2. The principal office address: 9433 Harbor Greens Way # 203  
Seminole, FL 33776
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/20/2017 Document number: N17000000627
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
Valdis A Silins  
8855 140th Way  
Seminole, FL 33776
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Chris Deutsch  
9490 Harbor Greens Way # 308  
P.O. Box NOT acceptable  
Seminole, FL 33776

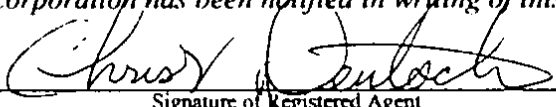
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Officer P. A. Peters  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

12-3-20  
Date

If signing on behalf of an entity:

Save Bay Pointe Golf Course Inc  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314