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To:

Division of Corporations

Division of Corporations Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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

Email Address:

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REGISTERED AGENT CHANGE INNOVATION AT PANTHER VIEW COMMUNITY ASSOCIATION, IN Certificate of Status 0

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

1. The name of the corporation: <u>INNOVATION AT PANTHER VIEW COMMUNITY ASSOCIATION, INC.</u>

2. The principal office address: 6972 Lake Gloria Blvd, Orlando, FL 32809

3. The mailing address (if different):

4. Date of incorporation/qualification: 03/30/2017 Document number: N17000003424

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)

1200 SOUTH PINE ISLAND ROAD			
PLANTATION, FL 33324	SEC IA	2020	
street address of the new registered agent (if changed) and /or registered offic	RETAR	JUL	
Corporate Creations Network Inc.	SS 0 X	_	in .
801 US Highway J	n s		D
P.O. Box NOT acceptable	$-\underline{P}$	с ы	
North Palm Beach, Florida 33408	771	7	
	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 street address of the new registered agent (if changed) and /or registered offic Corporate Creations Network Inc. \$01 US Highway 1	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 street address of the new registered agent (if changed) and /or registered office) Corporate Creations Network Inc. 801 US Highway 1 P.O. Box NOT acceptable	1200 SOUTH PINE ISLAND ROAD Image: Constraint of the new registered agent (if changed) and /or registered office) Image: Constraint of the new registered agent (if changed) and /or registered office) Image: Constraint of the new registered agent (if changed) and /or registered office) Image: Constraint of the new registered agent (if changed) and /or registered office) Image: Constraint of the new registered agent (if changed) and /or registered office) Image: Constraint of the new registered agent (if changed) and /or registered office) Image: Constraint of the new registered agent (if changed) and /or registered office) Image: Constraint of the new registered agent (if changed) and /or registered office) Image: Constraint of the new registered agent (if changed) and /or registered office) Image: Constraint of the new registered agent (if changed) and /or registered office) Image: Constraint of the new registered agent (if changed) and /or registered office) Image: Constraint of the new registered agent (if changed) and /or registered office) Image: Constraint of the new registered agent (if changed) and /or registered office) Image: Constraint of the new registered agent (if changed) and /or registered office) Image: Constraint of the new registered agent (if changed) and /or registered office) Image: Constraint of the new registered agent (if changed) and /or registered agent (if changed) Image: Constraint of the new registered agent (if changed) and /or registered agent (if changed) Image: Constraint of the new registered agent (if changed) 801 US Highway I Image: Constraint of the new registered agent (if changed) Image: Constraint of the new registered agent (if changed) P.O. Bo

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 so authorized by the board, of the corporation has been notified in writing of the change.

Signature of an offices medicetor

Danielle Gossman, Attorney-in-Fact

Date

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 mereby to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

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 Signature of 	Tre paste par	лдан	

07/30/2020

If signing on behalf of an entity:

Danielle Gossman, Special Secretary

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 CR2E045 (04/13)