Office Use Only



000376181470

2021 NOV 18 134 8:58

2021 NOV 18 AM 11: 30

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 252763 8361823 AUTHORIZATION COST LIMIT : ORDER DATE: November 17, 2021 ORDER TIME : 10:01 AM ORDER NO. : 252763-007 CUSTOMER NO: 8361823 CHANGE OF AGENT NAME: BRANAN FIELD VILLAGE OWNER'S ASSOCIATION, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland -- EXT# EXAMINER:

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

statement of cha	nge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statute ized under the laws of the State of Florida ered agent, or both, in the State of Florida	<u>a</u>
1. The name of t	he corporation: BRANAN FIELD VILLAG	E OWNER'S ASSOCIATION, INC.	
2. The principal			
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 01/09/2018	Document number: N1800000025	57
	street address of the current registered a tment of State: (If resigned, enter resigned	gent and registered office on file with the d)	
	Paradigm Development Lending LLC	<u> </u>	202
	2300 Marshpoint Road Suite 202		1021 NOV
	Neptune Beach	FL 32266	<u>~</u>
6. The name and (if changed):	street address of the new registered ager	at (if changed) and /or registered office	101 00 :38
	Corporation Service Company	···	æ
1201 Hays Street			
	P.O. Box Tallahassee	NOT acceptable FL 32301	
_	ss of its registered office and the street be identical.	address of the business office of its regis by its board of directors or by an office titled in writing of the change.	
authorized by th	e board, or the corporation has been no		
	e of an officer or director	Jill Cilmi, Vice President Printed or typed name and title	
I hereby agcept a further agree to of my duties, and document is being corporation has	the appointment as registered agent an	tes relative to the proper and complete pation of my position as registered agen Fregistered office address, I hereby com	performance t. Or, if this firm that the
By: Y	appre of Registered Agent	11/17/2021	
If signing on bel	nalf of an entity:	Date	
	Asst. Vice President ped or Printed Name		
	* * * FILING FE	E: \$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)