

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000253881 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

**Ent	er	the	email	address	for	this	busin	688	entity	to	be	used	for	future
٠,٠	arr	ual	report	c mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	**

Email	Add	res	5
-------	-----	-----	---

REGISTERED AGENT CHANGE AVESA TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

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

AUG 0 3 2020

CR2E045 (04/13)

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

	e provisions of sections (ange is submitted for a				
	ler to change its register	- · · · · · · · · · · · · ·			
1. The name of	the corporation: AVES	A TOWNHOMES	HOMEOWNERS	ASSOCIATION, INC.	
	office address: 12906				
			· · · · · · · · · · · · · · · · · · ·		
3. The mailing	address (if different): _				
4. Date of inco	poration/qualification:	11/16/2018	Document	number: N1800001217	16
	ed street address of the continent of State: (If resign			d office on file with th	_
	HomeRiver Group				
	12906 Tampa Oaks Bl	lvd. Suite 100			
	Temple Terrace, FL 3:	3637			
6. The name an (if changed):	d street address of the n	ew registered agen	t (if changed) an	d/or registered office	75
	Corporate Creations No	etwork Inc.			ŧ
	801 US Highway 1				
	North Palm Beach, FL		NOT acceptable		
The street addr as changed wil	ess of its registered offi	ice and the street a	address of the bu	siness office of its reg	istered agent,
Such change w authorized by t	as authorized by resolu he board, or the corpor	tion duly adopted ation has been not	by its board of c	 firectors or by an offic if the change.	er so
	(0)	<u> </u>	Danielle Gossm	an, Attorney-in-Fact	
I hereby accept I further agree of my duties, ar document is be	the appointment as reg the appointment as reg to comply with the pro- ind I am familiar with a ing filed merely to refle to been notified in writin	gistered agent and visions of all statu nd accept the oblig oct a change in the ng of this change.		d or typed name and little this capacity e proper and complete tion as registered age e address, I hereby cor	performance nt. Or, if this nfirm that the
Šig	natur of Registered Agent			Date	
If signing on be	half of an entity:				
Danielle Gossma	in, Special Secretary				
Г	yped or Printed Name				
	•	* * FILING FEE	E: \$35.00 * * *		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
3)