118662

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(2.00.000	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: INSpendence Square Homeow.	pres Assec INC	
DOCUMENT NUMBER: N 18662		
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:	
Charles & Kunn	TH	
Name of Cont	act Person	
B+C Community	MANAGEMENT mpany	
3504 Ridge Blud		
Addre	288	
PALM HARBOR, F1 3	34684	
City/State and	TZip Code	
BANDCOMMUNITY MANA9 E-mail address: (to be used for fu	CMENT® 9MAIL. LUM	
E-mail address: (to be used for fu	ture annual report notification)	
For further information concerning this matter, please co	all:	
Charles RUNATH Name of Contact Person	at (727) 239-5991	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Departm	ment of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, F1, 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

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
in order to change its registered office or registered agent, or both, in the State of Florida. ASTIGHM.
1. The name of the corporation: INDependence Square Itoneounces Asce. Inc.
1. The name of the corporation: INDEPENDENCE SQUARE ItONEOUNCES ASSOCIATION, 2. The principal office address: 3504 Ridge Blod, PAIM HARBER, FI 34684
3. The mailing address (if different): SAAE
4. Date of incorporation/qualification: 10/26/2004 Document number: N/8662
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)
COASTAL Mgt
FIRT Lichey, F1 34688
1000 20104 1 7 370 0
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed): B+C COMMUNITY MANAGEMENT 3504 Ridge Blud
2/21/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/
2504 KIA 9C B / VA P.O. Box NOT acceptable
2504 Ridge Blud P.O HON NOT acceptable PAlm HARBOR, Fl 34684
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, or the corporation has been notified in writing of the change.
Marie Morrison Marie Morrison Printed or typeshame 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.
Charles Henre T. 1.4. 2018 Signature of Registered Agent Date
If signing on behalf of an entity:
MAR Ma charles Kumh

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

Typed or Printed Name