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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

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

Ema	í	1	Address	

3 TALLENT

JUL 3 1 2020

REGISTERED AGENT CHANGE MILLS BAYOU OF RUSKIN HOMEOWNERS ASSOCIATION, INC.

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

RIKOW

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

statement of c	hange is submitte	ed for a corporation of	.0502, 607.1508, or 617.1508, Florida State rganized under the laws of the State of Flor	rida
			gistered agent, or both, in the State of Flori	
1. The name o	f the corporation		RUSKIN HOMEOWNERS ASSOCIATION,	INC.
2. The princip	al office address:	12906 Tampa Oaks B	lvd . Suite 100, Temple Terrace, PL 33637	
3. The mailing	address (if differ	гелt):		
4. Date of inco	rporation/qualific	cation: 02/07/2019	Document number: N1900000134	9
5. The name ar	nd street address	of the current registere (If resigned, enter resi	ad agent and registered office on file with the	e
	HomeRiver Gr	roup	· .	
	12906 Tampa (Oaks Blvd , Suite 100,	Temple Terrace, FL 33637	
		2020		
6. The name an (if changed):	d street address o	of the new registered a	gent (if changed) and /or registered office	2020 JUL 3
	Corporate Creat	ions Nerwork Inc.		□
	801 US Highwa	y 1		ÄH 9.
	North Palm Beac	P.O.1 ch, Florida 33408	Box NOT acceptable	 ح
The street address changed will	ess of its register be identical.	ed office and the stree	et address of the business office of its regis	stered agent,
Such change was authorized by th	us authorized by the board, dr the c	resolution duly adopt corporation has been t	ed by its board of directors or by an office totified in writing of the change.	r so
Signatur	e of an officer or surec		Danielle Gossman, Attorney-in-Fact	
			Printed or typed name and title and agree to act in this capacity, tutes relative to the proper and complete p ligation of my position as registered agent the registered office address, I hereby confi	performance t. Or, if this irm that the
			07/30/2020	
signing on beh	Salf Of an entity	ent	Date	
÷ 3 ···· ·	viimij.			
Janielle Core	, Special Secretary			

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

Make Checks Payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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