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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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REGISTERED AGENT CHANGE BRIDGE POINT POWERLINE ROAD PROPERTY OWNERS' ASSOCIA

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Help

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

statement of cha	nge is submitted for a c	corporation organiz	, 607, 1508, or 617, 1508, Florida S wed under the laws of the State of $\frac{1}{2}$ wed agent, or both, in the State of F	lorida	
1. The name of t	he corporation: Bridge	Point Powerline Roa	nd Property Owners' Association, Inc		
2. The principal	0525 W	BRYN MAWR AV	E., SUITE 700		
		ONT, IL 60018			
3. The mailing a	ddress (if different):				
4. Dateofincorporation/qualification: 06/11/2019 Document number: N19000006111					
	street address of the cu tment of State: (If resig		ent and registered office on file wit)	th the	
	Cogency Global Inc.				
	115 N. Calhoun Street,	Suite 4			
	Tallahassee, FL 32301	<u> </u>			
6. The name and (ifchanged):	street address of the ne	ew registered agent	(if changed) and /or registered off	20 25	
	C T Corporation System	m		(5) (=	
	1200 South Pine Island	Road			
P.O. Box NOT acceptable				i.o	
	Plantation, Florida 3332	24	J-2011-1	2:	
The street addre as changed will	ss of its registered offi- be identical.	ice and the street ac	ddress of the business office of its	registered ageiit.	
Such change wa authorized by th	s authorized by resolut e board, or the corpora	tion duly adopted bation has been notif	by its board of directors or by an officed in writing of the change.	officer so	
	Joe Elit		JOE DAVIS, SECRETARY		
Signutor	e of an officer or director		Printed or typed name and tit	le	
I hereby accept I further agree t of my duties, an document is bein corporation has C T Corporation	o comply with the prov d I am familiar with an ng filed merely to refle been notified in writin	gistered agent and wisions of all statut and accept the obligation a change in the sign of this change.	agree to act in this capacity, es relative to the proper and com ation of my position as registered registered office address, I hereb 06/15/2023	plete performance lagent. Or, if this y confirm that the	
Sign	nature of Registered Agent		Date		
If signing on bel	half of an entity:				
Fy	ped or Printed Nume				

* * * 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)

By:

To