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Division of Corporations

Fax Number

: (850)617-6380

From:

65 :

ζ

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.\*\*.

Email	Address:	 

## REGISTERED AGENT CHANGE STONEWAY AT AYERSWORTH COMMUNITY ASSOCIATION, INC.

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

AUG 0.3 2020

S. YOUNG

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

Pursuant to the	provisions of sections 607.0502, 617.0502 unge is submitted for a corporation organi	, 607.1508, or 617.1508, Florida Statute red under the laws of the State of Florida	ıs, this	
statement oj cha in orde	er to change its registered office or register	red agent, or both, in the State of Florida	7.	
1. The name of 1	the corporation: STONEWAY AT AYERS	WORTH COMMUNITY ASSOCIATION	, INC.	
7 The mineinal	office address: 4600 W CYPRESS ST STE	200 TAMPA, FL 33607		
2. The principal	office address.			
3. The mailing a	address (if different): 346 EAST CENTRA	L AVE, WINTER HAVEN, FL 33880		
4. Date of incorp	poration/qualification: 07/03/2019	Document number: N19000006893		
5. The name and Florida Depar	d street address of the current registered ag riment of State: (If resigned, enter resigned	ent and registered office on file with the l)		
	CT CORPORATION SYSTEM			
	1200 S PINE ISLAND RD			2 <del>62</del> 0
	PLANTATION, FL 33324		· ·	820 JUL 3
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office		31 PH
	Corporate Creations Network Inc.			<u>``</u>
	801 US Highway 1		•	Į.
		NOT acceptable		
	North Palm Beach, FL 33408			
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business office of its regi-	stered ag	ent,
Such change we authorized by the	as authorized by resolution duly adopted he board, or the corporation has been noti	by its board of directors or by an office fied in writing of the change.	r 80	
	( ye )	Danielle Gossman, Attorney-in-Fact		
Signatu	se of an officer or director	Printed or typed name and title		_
l further agree ( of my duties, an document is bei	the appointment as registered agent and to comply with the provisions of all status of all status of all status of an investment of the obliging filed merely to reflect a change in the soen notified in writing of this change.	agree to act in this capacity. tes relative to the proper and complete tation of my position as registered ager registered office address, I hereby con	perform it. Or, if firm that	ance this the
		07/31/2020		
Sug	nather of Registered Agent	Date		_
If signing on be	half of an entity:			
Danielle Gossma	in, Special Secretary			
Ţ	yped or Printed Name			
	* * * CILING FEE	7- \$35 AA # * *		

\* \* \* 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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