

10/7/2019

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2019-10-07 15:07:58 657  
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Division of CorporationsFlorida Department of State  
Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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REGISTERED AGENT CHANGE  
CELERY COVE HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$43.75

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# 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CELERY COVE HOMEOWNERS ASSOCIATION, INC.

2. The principal office address: 30601 AGOURA ROAD, SUITE 200  
AGUORA HILLS, CA 91301

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/20/2019 Document number: N19000010005

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)

ROBERT H. GIDEL, JR.

30601 AGOURA ROAD, SUITE 200

AGUORA HILLS, CA 91301

6. The name and street address of the new registered agent (if changed) and for registered office (if changed):

C T Corporation System


1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

  
\_\_\_\_\_  
Signature of an officer or director

Jordan Kushner, Director

Printed or typed name 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.*

  
\_\_\_\_\_  
Signature of Registered Agent

10/7/2019

(Date)

If signing on behalf of an entity:

Stephanie Boehm, Assistant Secretary  
Typed or Printed Name

\*\*\* 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 (03/12)

2019 OCT -8 PM 4:40  
CLERK OF THE COURT  
JANET L. HARRIS