Florida Department of State

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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. **

Email Address:

REGISTERED AGENT CHANGE BELMONT II COMMUNITY ASSOCIATION, INC.

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CR2E045 (04/13)

T I E D

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

Pursuant to the provisions of sections 607,0502, 617,05 statement of change is submitted for a corporation organization.	502, 607.1508, or	617.1508, Florida Sta	tutes, this	
in order to change its registered office or regis	uncea unaer ine i itered avent or h	aws of the State of Flor	rida	
1. The name of the corporation: BELMONT II COMMU		1	144.	
			 	
2. The principal office address: 12906 Tampa Oaks Blvd	Ste 100, 1 emple	errace, FL 33637		
3. The mailing address (if different):				
4. Date of incorporation/qualification: 10/07/2019	Document	number: N190000106	11	
5. The name and street address of the current registered Florida Department of State; (If resigned, enter resign	agent and register			
HomeRiver Group				
12906 Tampa Oaks Blvd Ste 100			(<u>/)</u>	707
Temple Terrace, FL 33637			ALK.	2020 JUL 30
6. The name and street address of the new registered age (if changed):	nt (if changed) ar	nd /or registered office	TARY O AHASS	
Corporate Creations Network Inc.			3. 3. 3. 1. 3.	AM II: 2
801 US Highway !	<u>-</u> -		四至	2:
P.O. Bo	x NOT acceptable		لن	N
North Palm Beach, Florida 33408				
The street address of its registered office and the street as changed will be identical.	address of the bi	 usiness office of its rep 	gistered ag	g e nt
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	d by its board of stiffed in writing	directors or by an offic of the change.	cer so	
	Danielle Gossm	 nan, Attorney-in-Fact		
Signature of an officer of threefor		led or typed name and latte		_
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the obli- accument is being filed merely to reflect a change in the corporation has been notified in writing of this change.	d agree to act in utes relative to th igation of my pos e registered offic	this capacity. le proper and complet ition as registered age e address, I hereby co	e perform ent. Or, if infirm that	ance f this t the
	07/30/2020			
Signature of Registered Agent		Date		
if signing on behalf of an entity:				
Danielle Gossman, Special Secretary				
Typed or Printed Name				
* * * FILING FE	E: \$35.00 * * *			
MAKE CHECKS PAYABLE TO FLO MAIL TO: DIVISION OF CORPORATIONS, P.	rida Departme O. Box 6327, Ta	ENT OF STATE LLAHASSEE, FL 3231	4	