

N20000006919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

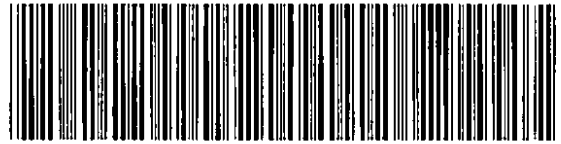
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 APR -6 AM 8:20

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STANDARD
CLASSIFICATION

ALLAHASSEE, FLORIDA

RA | RC | CH8

APR 07 2022
ALBRITTON

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 4/6/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1024135

ORDER ENTITY

BELMONT TOWNHOMES ASSOCIATION, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

BELMONT TOWNHOMES ASSOCIATION, INC. (FL)

File the attached change of agent document

NOTES:

\$35.00 Authorized

Email address for annual report reminders: heidi@lafayette-re.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: Belmont Townhomes Association, Inc.
2. The principal office address: 4309 Northern Dancer Way, Orlando, FL 32826
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June 26, 2020 Document number: N20000006919
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)

Smart Solution Systems, Inc.

4309 Northern Dancer Way

Orlando, FL 32826

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

Incorporating Services, Ltd.

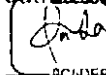
1540 Glenway Drive

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.




OCUDEBAP65A1408

Signature of an officer or director

Jackie Lee

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

04/01/2022

Date

If signing on behalf of an entity:

Renee T. Kent, 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 (04/13)

FILED
2022 APR - 6 AM 8:20
TALLAHASSEE, FL
FLORIDA DEPARTMENT OF STATE