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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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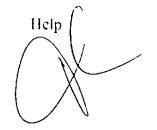
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REGISTERED AGENT CHANGE PINNACLE POINT COMMUNITY ASSOCIATION, INC.

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

statement of cha	provisions of sections 607,0502, 617,0502, nge is submitted for a corporation organize to change its registered office or registers	ed under the laws of the State of FL		
1. The name of t	he corporation: Pinnacle Point Commun	nity Association, Inc.		
2. The principal	office address:			
	rk Cir, Suite 330, Orlando, FL 33819			
3. The mailing a	ldress (if different): 3434 Colwell Ave.	, Suite 200, Tampa, FL 3361	4	_
4. Date of incorp	oration/qualification: 02/04/2021	Document number: N210000	00962	_
	street address of the current registered age ment of State: (If resigned, enter resigned)		the	
	Rizzetta and Company			
	8529 Southpark Cir, Suite 300			
	Orlando, FL 33819		2024 5-75	
6. The name and (if changed):	street address of the new registered agent (2024 SEP 12	,	
	C T Corporation System	· · · · · · · · · · · · · · · · · · ·	AN AN	1
	1200 South Pine Island Road		<u> </u>	
	P.O. Box No Plantation, Florida 33324	6		
The street addres	ss of its registered office and the street ad- be identical.	dress of the business office of its r	registered agent,	
Such change wa authorized by th	s authorized by resolution duly adopted by e board, or the corporation has been notifi	y its board of directors or by an of ied in writing of the change	ficer so	
Signamo	of an officer or director	Ryan Sanders Printed or typed name and fill?	President	
oj my aunes, and dociment is heir	the appointment as registered agent and a comply with the provisions of all statute. I I am familiar with and accept the obliga- ng filed merely to reflect a change in the r been notified in writing of this change.	gree to act in this capacity, is relative to the proper and compl tion of my position as registered a egistered office address, I hereby	lete performanc igent. Or if thi confirm that the	8 8
C T Corporation		09/10/2024		
Sign	ature of Registered Agent	Date Date		
If signing on bel	nalf of an entity:			
Terne Bates, Assi	stant Secretary			
Ty	ped 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 604/13)

By.