Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 : (614)573-3996 Fax Number

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Email Address:___

REGISTERED AGENT CHANGE BP DORAL PROPERTY OWNER ASSOCIATION, INC.

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

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

statement of change	is submitte	ed for a corporation orga	12, 607,1508, or 617,1508, nized under the laws of the ered agent, or both, in the	State of Florida	
The name of the c The principal offi		BP Doral Property Owne 9525 W. BRYN MAWR	r Association, Inc.		
e. rue principal ori.	ee udare	ROSEMONT, IL 60018			
3. The mailing addre	ess (if diffe	rent):			
4. Dateofincorporat	ion/qualifi	cation: 12/22/2022	Document number:	N22000014372	
		of the current registered (If resigned, enterresign	ngent and registered office ed)	on tile with the	
Co	gency Glob	al Inc.			
115	115 N. Calhoun Street, Suite 4				
Tallahassee, FL 32301					
6. The name and stre (ifchanged):	eet address	of the new registered age	nt (if changed) and /or regi	stered office	
C	T Corporati	on System		.>	
120	1200 South Pine Island Road				
Pla	ntation, Flo		v NOT acceptable	 	
The street address of as changed will be i	f its registe dentical.	ered office and the street	address of the business of	flice of its registered agent,	
Such change was au authorized by the bo	ithorized board, or the	y resolution duly adopte corporation has been no	d by its board of directors tilled in writing of the cha	or by an officer so	
j.	ge &		JOE DAVIS, SECRETAL	RY	
I hereby accept the of I further agree to co of my duties, and I of document is being ficorporation has been C T Corporation Syst	omply with um familian iled merely m notified	nt as registered agent an the provisions of all stan with and accept the ob- to reflect a change in the in writing of this change	d agree to act in this capa utes relative to the proper igation of my position as t e registered office addres. 06/15/2023	icity. Tand complete performance registered agent. Or, if this s. I hereby confirm that the	
Signature	of Registered	Agent	Date	:	
If signing on behalf	of an entit	y:			
Scan L. Emerick					
Typed (or Printed Nam	e			
		* * * FILING FI	CE: \$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)

By: