

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
<input type="checkbox"/> PICK-UP	<input type="checkbox"/> WAIT
<input type="checkbox"/> MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies _____	Certificates of Status _____
Special Instructions to Filing Officer	
J. HORNE OCT 18 2024	

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2024-03-17 11:25

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2024 OCT 17 AM 11:10

SEEKING OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 700557 8461475

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : October 15, 2024

ORDER TIME : 8:34 AM

ORDER NO. : 700557-013

CUSTOMER NO: 8461475

CHANGE OF AGENT

NAME: BLUEGREEN'S BAYSIDE RESORT &
SPA CONDOMINIUM ASSOCIATION,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

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

1. The name of the corporation: BLUEGREEN'S BAYSIDE RESORT & SPA CONDOMINIUM ASSOCIATION, INC
2. The principal office address: C/O BLUEGREEN VACATIONS UNLIMITED, INC. 4960 CONFERENCE WAY
NORTH, SUITE 100 BOCA RATON, FL 33431
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/15/2023 Document number: N23000001692
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)

CORPORATE CREATIONS NETWORK, INC.

801 US HIGHWAY 1

NORTH PALM BEACH, FL 33408

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

Corporation Service Company

1201 Hays Street

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.

/s/Cynthia Taylor

Cynthia Taylor

Secretary

Signature of an officer or 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.

Corporation Service Company

By: Grace E Kirby

Signature of Registered Agent

09/27/2024

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

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)

700557-13