

N41625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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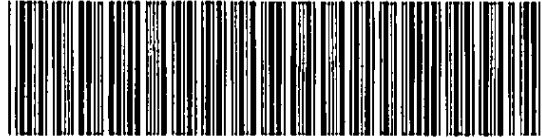
(Business Entity Name)

(Document Number)

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2022 DEC 12 AM 11:28
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STATE OF FLORIDA

Becker & Poliakoff
Platts, Marty
625 N Flagler Dr, STE 700
B30459 413070
West Palm Beach, FL
33401

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Florida Department of State
Division of Corporations
PO BOX 6327

TALLAHASSEE FL 32314-6327

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: Bellavista Village Condominium Association, Inc.
2. The principal office address: 6300 Park of Commerce Blvd.
Boca Raton, FL 33487
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/11/1991 Document number: N41625
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)

Wasserstein, P.A.

301 Yamato Road, Suite 2199

Boca Raton, FL 33431

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

Boeker & Poliakoff, P.A. c/o Marty Platts, Esq.

625 N Flagler Drive, Suite 700

P.O. Box NOT acceptable

West Palm Beach, FL 33401

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.

Alan Goodman
Signature of an officer or director

Alan Goodman Vice President
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.

MPL
Signature of Registered Agent

12/6/2022
Date

If signing on behalf of an entity:

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
CR21045 (04/13)