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Fax Server



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE

PROPERTY OWNERS ASSOCIATION OF NORTH POINT,

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SECRETARY OF STATE ALLAHASSEE. FLORIDA

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APR 16 2012



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

statement of che	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organi	ized under the laws of the State of	Florida	<u>: </u>	_
•	er to change its registered office or registe	•			
1. The name of	the corporation: Property Owners Asso	ociation of North Point, inc.	 		
2: The principal	the corporation: 1 topicity Owners Assist office address: 2 N. Riverside Plaza, S	Suite 2100, Chicago, IL 60606	i.,		
3. The mailing Chicago,	address (if different); c/o Ann M. Schne IL 60606	ider, 2 N. Riverside Plaza, Su	ite 2100		
4. Date of incor	poration/qualification: 3/11/94	Document number: N9400	0001223	3	2
5. The name an	d street address of the current registered agriculture of State:				
	CT Corporation System				
	1200 S. Pine Island Rd.				
	Plantation, FL 33324	· · · · · · · · · · · · · · · · · · ·	SE	2012	
6. The name an (if changed):	d street address of the new registered agen	it (if changed) and /or registered o	RETAR AHASS	APR 13	
	Corporation Service Company		1-14 10-4-14		ir
•	1201 Hays Street		- ST	A ⇔	
	(P.O. Box: NOT acceptable)			w	
	Tallahassee, FL 32301		_>'''	09	
The street addr	ess of its registered office and the street be identical.	address of the business office of	its registe	èred äge	mī _{j.}
Such change wanthorized by t	as authorized by resolution duly adopted he board, or the corporation has been no	t by its board of directors or by a tified in writing of the change.	n officer	so	
غ سیدا فیسه سیمیری منابع منام	ure of an Officer or director)	Ann M. Schneider, Asst. Sc	cretary		
(Signat	ure of an officer or director)	(Printed or typed raine and	d title)	····	- - - `
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as registered agent and to comply with the provisions of all state at I am familiar with and accept the oblining filed merely to reflect a change in the speen notified in writing of this change.	d agree to act in this capacity, utes relative to the proper and co leation of my position as register e registered office address, I here	inplete p ed agent eby confi	erforma Or, if rm that	nce this the
By: Leel	come Mulnes Asst. Vignature of Registered Agent)	P. 4[13]201		 	<u>-</u>
• .	chalf of an entity:				
Stephani	e Milnes. Typed or Printed Name)				

*** FILING FEE: \$35.00 ***