

N 94 000005507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

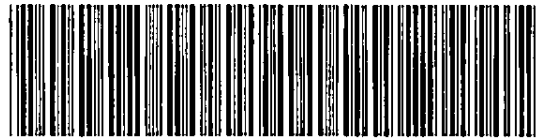
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400302496644

09/05/17--01009--021 **35.00

2017 SEP -5 AM 9:26

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bermuda Club East at the Plantation Owners Assoc Inc.
Name of Corporation

DOCUMENT NUMBER: N94000005507

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela Proko

Name of Contact Person

Capri Property Management Inc

Firm/Company

425 Commercial Ct Ste 8A-1G

Address

Venice, FL 34292

City/State and Zip Code

cpmi@cpmi.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Proko

Name of Contact Person

at (**941**) **412-0449**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2011 SEP - 5 AM 9:26

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: Bermuda Club East at the Plantation Owners Assoc Inc.
2. The principal office address: 425 Commercial Ct Ste 8A-1G, Venice, FL 34292

3. The mailing address (if different): same

4. Date of incorporation/qualification: 11/7/1994 Document number: N94000005507

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)

Advanced Management of SW FI Inc

899 Woodbridge Dr

Venice, FL 34293

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

Capri Property Management Inc

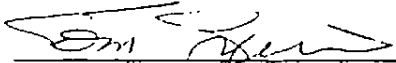
425 Commercial Ct, Ste 8a-1G

P.O. Box NOT acceptable

Venice, FL 34292

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

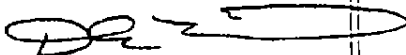
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Thomas Spadaro, 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.



Signature of Registered Agent

August 31, 2017

Date

If signing on behalf of an entity:

Douglas E Wilson

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 (03/12)

2017 SEP - 5 AM 9:26