19600005308

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations Bridgewater Crossing Homeowners Association, Inc. Name of Corporation N96000005308 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: **Becky Ritchie** Name of Contact Person Aegis Community Management Solutions, Inc. Firm/Company 8390 Championsgate Blvd. Suite 304 Address Championsgate, FL 33896 City/State and Zip Code britchie@aegiscms.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Becky Ritchie 3 256-5052 ext. 233 Code & Daytime Telephone Number Name of Contact Person 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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Bridgewater Crossing Homeowners Association, Inc.
2. The principal	office address: 8390 Championsgate Blvd. Suite 304
	Championsgate, FL 33896
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 10/16/1996 Document number: N96000005308
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Accocia/Community Management Professionals, Inc.
	4700 Millenia Blvd., Suite 515
	Orlando, FL 32839
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Aegis Community Management Solutions, Inc
	8390 Championsgate Blvd. Suite 304
	PO Box NOT acceptable
	Championsgate, FL 33896
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
TE-	RAN UMSTEAD
Thereby accept	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sign	nature of Registered Agent Date
If signing on bel	half of an entity:
David Burm	
Ту	rped or Printed Name
	* * * FILING FEE: \$35.00 * * *