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ALLARIASSEE. 2024 SEP - 5 PH 3: 52 - OHMED

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

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| | ACCOUNT NO. | : | 1200000001 | 95 |
|--------------|-----------------|----------|------------|---------|
| | REFERENCE | : | 609283 | 8295390 |
| | AUTHORIZATION | : | | 0 |
| . | COST LIMIT | : | \$ 35.00 | |
| | | | | |
| ORDER DATE : | August 28, 2024 | | | |
| ORDER TIME : | 2:24 PM | | | |
| ORDER NO. : | 609283-002 | | | |
| CUSTOMER NO: | 8295390 | | | |
| | | - | | |

CHANGE OF AGENT

NAME: BAY LANDING OWNERS ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- 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: BAY LANDING OWNERS ASSOCIATION, INC.

2. The principal office address: 3025 Highland Parkway Suite 350 Downers Grove, IL 60515

| 3. The mailing a | ddress (if different): | | | | | |
|-------------------------------|--|---|------------|-------------------|---------------------------------------|---------|
| 4. Date of incorp | oration/qualification: _(| 02/05/1998 Do | cument nu | umber: <u>N98</u> | 000000691 | |
| | street address of the cu tment of State: (If resign | rrent registered agent and ned, enter resigned) | registered | office on til | e with the | |
| | CT CORPORATION | SYSTEM | | | | |
| | 1200 SOUTH PINE IS | LAND ROAD | | | | |
| | PLANTATION | | FL | 33324 | · · · · · · · · · · · · · · · · · · · | 2021; S |
| 6. The name and (if changed): | street address of the ne | w registered agent (if char | nged) and | /or registered | d office | |
| | Corporation Service C | Company | | | · . | |
| | 1201 Hays Street | | | | | . 10: 2 |
| | | P.O. Box NOT accept | nable | | · · | ω |
| | 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/ CHRISTY L. DAVID

CHRISTY L. DAVID, EVP

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

Kuhi B١ Signature of Registered Agent

09/05/2024

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)