

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



200317555542

08/27/18--01006--022 **35.00

18 AUG 27 AH 8: 01

AUG 2 8 2018 S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: BallenIsles Country Club, Inc.

Name of Corporation

DOCUMENT NUMBER: 1

N98000005199

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:

Geoffrey Fisher

Name of Contact Person

BallenIsles Country Club, Inc.

Firm/Company

100 BallenIsles Circle

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

gfisher@BallenIsles.com

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

For further information concerning this matter, please call:

Geoff Fisher

,,561 <u>,</u>625-57

Name of Contact Person

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

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

statement of cha	orovisions 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: BallenIsles Country Club, Inc.
2. The principal	office address: 100 BallenIsles Circle, Palm Beach Gardens, FL 33418
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 9/10/1998 Document number: N98000005199
5. The name and	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	James Krivok, Esq., Dicker, Krivok & Stoloff, P.A.
	1818 Australian Avenue S. STE 400 도 등 표
	West Palm Beach, FL 33409
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Melissa M. Smith, Esq., Cherry, Edgar & Smith, P.A.
	8409 North Military Trail, Suite 123
	P.O. Box NOT acceptable Polim Ropels Cordons El 22410
	Palm Beach Gardens, FL 33410
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	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signitur	Ben Kovalsky - Secretary Printed or typed name and title
I further agree t performance of agent. Or, if thi	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.
fall	nature of Registered Rigent Date
If signing on bel	half of an entity:
Meliss	ped or Printed Name

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