Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

*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 CRANE LAKES HOMEOWNERS' ASSOCIATION, INC.

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Corporate Filing Menu

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C. GOLDEN SEP - 2 2020

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of Florida registered agent, or both, in the State of Florida.		-
1. The name of	the corporation: CRANE LAKES H	OMEOWNERS' ASSOCIATION, INC.		
2. The principal	office address: 1850 CRANE LAK	ES BLVD.		
PORT ORAI	NGE, FL 32128			
3. The mailing	address (if different): 1648 TAYLOR	RD., #249, PORT ORANGE, FL 32128		
4. Date of incor	poration/qualification: 03/10/1999	Document number: N99000001591		
	d street address of the current regis rtment of State: (If resigned, enter)	tered agent and registered office on file with the resigned)		
	BUSINESS FILINGS INCORPOR	RATED	:-2:	
	1200 South Pine Island Ro	ad ,	2014 63	
	Plantation, FL 33324		<u> </u>	
6. The name an (if changed):	d street address of the new register	ed agent (if changed) and /or registered office	P: 5:	<i>:1</i>
	Registered Agents Inc.			
	7901 4th St N STE 300			
		Box NOT acceptable		
	St. Petersburg FL 3370	12		
The street addr as changed wil	ess of its registered office and the be identical.	street address of the business office of its regist	ered age	nt,
Such change wanthorized by t	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an officer een notified in writing of the change.	S O	
OE PETER SON		Joe Peterson Printed or typed name and title		_
I hereby accept I further agree performance of	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. all statutes relative to the proper and complete and accept the obligation of my position as reg to reflect a change in the registered office addr tifted in writing of this change.	gistered ess, I	
Bee Ha	n.	09/01/2020		
Sig	mature of Registered Agent	Date		_
If signing on be	chalf of an entity:			
Bill Havre				
٦	yped or Printed Name			

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