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

TO: Amendment Section Division of Corporations			
SUBJECT: Golfside AT Belleair Homeowners Association, Inc.			
Name of Corporation			
DOCUMENT NUMBER: N9900002643			
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:			
Robert Scott			
Name of Contact Person			
Alliance Property Management Solutions, LLC			
Firm/Company			
PO Box 36			
Address			
Largo, Florida 33779-0036			
City/State and Zip Code			
Robert.scott@apmsmail.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Robert Scott Name of Contact Person Area Code & Daytime Telephone Number			
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

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: Golfside AT Belleair Homeowners Association, Inc.	
2. The principal office address: 12800 Indian Rocks Road, Suite 1	
Largo, Florida 33774	
3. The mailing address (if different): PO Box 36 Largo, Florida 33779-0036	
4. Date of incorporation/qualification: 4/29/1999 Document number: N9900002643	
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)	
Richard A Zacur Esq.	
5200 Central Avenue	ا مد باز تناریخیتر
Saint Petersburg, Florida 33707	
Richard A Zacur Esq. 5200 Central Avenue Saint Petersburg, Florida 33707 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Robert Scott	
12800 Indian Rocks Road, Suite 1	
P.O. Box NOT acceptable Largo, Florida 33774	
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.	
Barbara Hoskinson - President 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 offmy 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 Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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