## P920000 11239

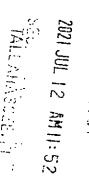
(Requestor's Name)
(Address)
(Address)
(National)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Excument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Opecial instructions to 1 ming Officer.

Office Use Only



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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: BAY AIRE R.V. PARK INC
Name of Corporation
DOCUMENT NUMBER: P920000 11 239
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:
7:11 Romano Name of Contact Person
Bay Aire R.V. Park Inc. Firm/Company  2242 US Alternate 19N  Address
2242 US Alternate 19N
Address  Palm Harbor FL 34683 - US  City/State and Zip Code
Palm Harbor FL 34683 - US
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
7:11 Romano at (727) 784 - 408 A 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.

Street Address:

Amendment Section
Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## 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: BAY AIRE R.V. PARK INC.
2. The principal office address: 2242 US Alternate 19N
Palm Harbor, FL 34683 US
3. The mailing address (if different):
4. Date of incorporation/qualification: ا مراجع العام المواجع المحال عبد المحادية ا
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)
Mary Toombs (resigned)
2242 US Alternate 19N =
Palm Harbor, FL 34683 US
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jody Marshall
2242 US Alternate 19N P.O. Box NOT acceptable
Palm Harbor, FL 34683 US
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.
Signature of an other or director  Till Ronano Secretary  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.
Jody Marhall  Signature of Registered Agent  7/1/2021
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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