743085

(Re	equestor's Name)				
(Ad	dress)				
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(Cit	ry/State/Zip/Phone	e #)			
DICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
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TO:	Amendment Section		
	Division of Corporations		
éi(b)	IECT: LAUREL ESTATES LOT-OWNERS, INC.		
Name	e of Corporation		
DOC	UMENT NUMBER: 743005		
The e	nclosed Statement of Change of Registered Of	fice/Agent and fe	e are submitted for filing.
Please	e return all correspondence concerning this man	tter to the followi	ng:
	GIE BLOUGH		
Name	e of Contact Person		
Firm/	Company		
2775 1	BREEZEWOOD DR		
Addre	ess		
NORT	ΓH FORT MYERS, FL 33917		
City/S	State and Zip Code	 	
	reggic@reggicblough.com		
E-ma	il address: (to be used for future annual rep	ort notification)
	•		
For fu	orther information concerning this matter, pleas	se call:	
REGO	GIE BLOUGH	at (²³⁹)214-5984 ode & Daytime Telephone Number
	Name of Contact Person	Area Co	ode & 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0302, 617.0302, 60 nge is submitted for a corporation organized r to change its registered office or registered	under the laws of the State of \underline{F}	LORIDA		_
1. The name of t	he corporation: LAUREL ESTATES LOT-OV	VNERS, INC.			
2. The principal	he corporation: LAUREL ESTATES LOT-OV office address: 2760 DEERFIELD DR. LAUR	EL ESTATES			
	AYERS, FL 33917 US				
3. The mailing a	ddress (if different): 2775 BREEZEWOOD D	R. NORTH FORT MYERS, FL 3.	3917 US		
4. Date of incorp	oration/qualification: 05/15/1978	_ Document number: 743005			
5. The name and	street address of the current registered agent tment of State: (If resigned, enter resigned)		th the		
	GAIL G GOAD				
	2747 INDIANWOOD DR		SECT	2024 F	
	NORTH FORT MYERS, FL 33917 US		ATAS ATAS	024 FEB 23	FIL
6. The name and (if changed):	street address of the new registered agent (if	changed) and /or registered off	(7)	3 PH 2:	.ED
	REGGIE BLOUGH		当為	: 00	
	2775 BREEZEWOOD DR		•		
	P.O. Box NO	Г ассерtable			
	NORTH FORT MYERS, FL. 33917 US				
The street addre	ss of its registered office and the street add be ideprical.	ress of the business office of its	register	red ag	ent.
Such change wa authorized by th	is authorized by resolution duly adopted by the yourd, or the corporation has been notified	its board of directors or by an od in writing of the change.	officer se	0	
RUMS		onald M Spot		R	
I hereby accept I further agree of of my duties on document is bei	the appointment as registered agent and ag o comply with the provisions of all statutes d I am familiar with and accept the obligati ng filed merely to reflect a change in the re been notified in writing of this change.	relative to the proper and com on of my position as registered gistered office address, I hereb	nlete nei	rform Or, if n thái	ance this the
If signing on be	half of an entity:	FEB 17 2024			
	rped or Printed Name * * * FILING FEE:	\$35.00 * * *			