L03000 020 811

(Req	uestor's Name)								
(Address)									
hhA)	ress)								
(, 100									
(City	/State/Zip/Phone								
PICK-UP	☐ WAIT	MAIL							
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to F	filing Officer:								

Office Use Only



000337306310

11/25/19--01035--019 **25.00

ZOIS NOV 25 PM 1: 00 SECRETARY OF STATE TALLAHASSEE

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: Lake VEC, LLC Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Elizabeth Swope Name of Person								
Lake VEC, UC Firm/Company								
195 Concord DV Address								
Casselberry FL 32707 City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Slizabeth Swope at 407, 740-5500 ext 4 Name of Person Area Code & Daytime Telephone Number								
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314								
Enclosed is a check for the following amount:								
\$25 Filing Fee \$Certified Copy								

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: Lake VE	Ĉ,	LLC				
2. (a)	lake VEC, ILC	(b)	(0	KE VE	EC, L		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		.\	failing address (Note: MAY		-	
	195 CONCOVA DV		23	040 P	costace	Sinv	ial Dv
	() acc all access [2] 22707	•	1000		TI	<u> </u>	4799
	Cassiberry FC 32401		Lees	puvg_	<u>r</u> C	<u>ر</u>	<u> </u>
	6/10/03		L03(00002	2081		
3.	Date of filing/registration in Florida 4.	_		Document n	umber	•	
5. (a	Swope, Elizabeth						
	Registered Agent and Registered Office shown on the records of the Flo	rida I	Dept, of State	:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRE	FCC					
	195 Concord Drive	<u> </u>					
	O.C. all	<u></u> スッ	ナンチ				
	(asserberry .FL =) L	10 (SEC 77.	2015	
(b)	lake VEC, LLC				ŘEI	NO	
	Enter name of NEW Registered Agent and/o NEW Registered Office	addr	œss:		五五	019 NOV 25	- Contraction of the Contraction
	Lake VEC. LLC				CRETARY OF ST TALLAHASSEE, F		m
	NEW Registered Office Address:				£'.£	PM 1: 00	D
	1636 West Colonial DV				L ATE	00	
	Oakland FL 3	3A =	187				
the ch agent was/w	limited liability company is not organized under the laws of cange or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limited	egiste / con limit	ered office apany, it is ed liability	and the bus hereby conf company or	iness officiences	ce of th it the c	ne registered hange(s)
Sign	ature of a member or authorized representative of a member			Printed or type	d name of	Signee	<u> </u>
provis the ob- to mei	by accept the appointment as registered agent and agree to jons of all statutes relative to the proper and complete perfoligations of my position as registered agent as provided for itselvely a change in the registered office address. I herebyed in writing of this change.	act i rmai in Cl v cor	n this cape ice of my c aapter 605 ifirm that i	icity. I furth luties, and I , F.S. Or, if he limited li	er agree am famili this docu ability co	to com ar with ment is mpany	ply with the h and accept s being filed has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent