Florida Department of State

Division of Corporations
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Division of Corporations

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Account Name : NOI Account Number : I20

: NORTON, GURLEY, HAMMERSLEY & LOPEZ, F

Account Number : I20010000202 Phone : (941)954-4691

Fax Number : (941) 954-2128

REGISTERED AGENT CHANGE

LAKE LETA TRACE ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00



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, the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: Lake Leta Trace Association, Inc.
2. The mailing address of the corporation: 5911 Breckenridge Pkwy.,
Quite H. Tampa, Florida 33610
3. Date of incorporation/qualification: 1/18/02 Document number: NO300000554
4. The name and address of the current registered agent and office:
Richard A. Schlosser, Esq. 3 6
500 N. Kennedy Blvd., Suite 200
Tampa, Florida 33602
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
Jeffrey Kina
5911 Breckenridge Pkwy., Suite H
Tampa, Florida 331010
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.
Mullet States
(Signature is an officer, chairman or vice chairman of the board) (Date)
A reased PLESTER
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated
corporation, 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
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agents
5/b/oz
(Signature of Registered Agent) (Date)
f signing on behalf of an entity:
DEFFERY R. KING
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314