## NO4000008081

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE ALLAHASSEE, FLORIO

APPROVEO AND FILED

R.A. Charge

C. Coulliene DEC 1 2 2007

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Lake Maly Lacrosse Boaster Club Inc. (Name of Corporation)
DOCUMENT NUMBER: NO400005081
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MR. B. M. CORP. TP. (Name of Person)
(Name of Firm) (Comment)
(Name of Firm/Company)
2440 Olagia De. (Address)
Longwood F1. 32779 (City/State and Zip Code)
For further information concerning this matter, please call:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(Name of Person)

Mailing Address: Amendment Section **Division of Corporations** Post Office Box 6327 Tallahassee, FL 32314

(Area Code & Daytime Telephone Number)

## 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.
1. The name of the corporation: Laxe Mary Lacrosse Bosster Club, Inc. 2. The principal office address: 6202 Hedge sparrows Lane  San Ford Fl. 32771
3. The mailing address (if different): Same
4. Date of incorporation/qualification: Aug. 17, 2004 Document number: NOHOOOO8081  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Avida R. Weber
San Fold TI 32771
6. The name and street address of the new registered agent (if changed) and /or registered office  ARY  THE
1 Bill Corpute. For 3 5
2440 Hagua DR BA W
Languago F1. 32779
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.
Au, TAR. Weber Res, ABELT Sire (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.
(Signature of Registered April) (Date)
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 (8/05)

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