N05 00000 7268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

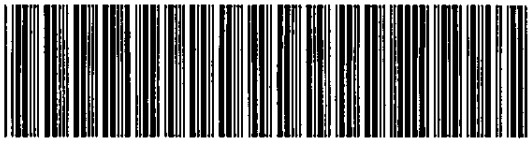
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000284070470

04/20/16--01012--001 **35.00

FILED
2016 APR 20 PM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 20 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

0527

SUBJECT: LAKEVIEW CLUB CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N05000007268

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:

DAVID NORSOPH
Name of Contact Person

NORSOPH, ALCALAY & ORNER, LLP
Firm/Company

200 SE 6TH ST, STE 600
Address

FT. LAUDERDALE, FLORIDA 33301
City/State and Zip Code

CONTACT@NAOLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID NORSOPH at (954-) 306-9552
Name of Contact Person — Area Code & 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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: LAKEVIEW CLUB CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 2819 N. OAKLAND FOREST DR
OAKLAND PARK, FL 33309

3. The mailing address (if different):

4. Date of incorporation/qualification: 7/15/2015 Document number: N05000007268

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)

SKRLD, INC.
201 ALAHAMBRA CIRCLE, STE 1102
CORAL GABLES, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NORSOPH, ALCALAY & ORNER LLP
200 SE 6th STREET, STE 600
P.O. Box NOT acceptable
FORT LAUDERDALE, FL 33301

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 officer or director — JARRED SCUTTI, DIRECTOR
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 Agent — 5/18/16 Date

If signing on behalf of an entity:

David Norsoph
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E085 (03-12)

FILED
2016 APR 20 PM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA