N39607

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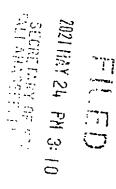
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COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT: LANSING ISLAND HOMEOWNERS ASSOCIATION, INC. Name of Corporation DOCUMENT NUMBER: N39607 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 Hoffman Name of Contact Person Omega Community Management, Inc. Firm/Company 7145 Turner Road, Suite 101 Address Rockledge, Florida 32955 City/State and Zip Code dhoffman@omegacmi.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David Hoffman at (321)757-7902 Area Code & Daytime Telephone Number Name of Contact Person 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 char	nge is submitted for	a corporation orga	02, 607.1508, or 617.1508, inized under the laws of the stered agent, or both, in the s	State of Flo	orida	
	**	••	IOMEOWNERS ASSOCIATI	-		
2. The principal of	office address: 23	1 Lansing Island Driv	e, Indian Harbour Beach, FL	32937		
3. The mailing ac	ldress (if different)	7145 Turner Road	I, Suite 101, Rockledge, Florid	da		_
4. Date of incorporation/qualification: 08/20/1990						_
		e current registered esigned, enter resign	agent and registered office of		he	
	Shuster, Richard					
	231 Lansing Island	d Drive				
	Indian Harbour Be	each, FL 32937				
6. The name and (if changed):		e new registered ago ty Management, Inc.	ent (if changed) and /or regis	stered office	2021 A SECT WILL	
•	7145 Turner Road	, Suite 101				r restuur
	P.O. Box NOT acceptable				24 937 937	·
	Rockledge, Florida	a 32955				,
The street address as changed will be	ss of its registered be identical.	office and the stree	t address of the business of	fice of its rep	gistered agent,	المدية
Such change was authorized by the	s authorized by rese board, or the corp	olution duly adopte poration has been n	ed by its board of directors of the characters of the characters.	or by an offi inge.	cer so	
/ My	Music		Magee, Christina			
C I hereby accept t I further agree to) comply with the r	provisions of all sta	Printed or typed in and agree to act in this capa tutes relative to the proper digation of my position as r he registered office address e.	icity. and complet	te performance vent. Or if this onfirm that the	• ·
Ques	4 Hollow	(u	05-05-2021			
Sign	ature of Registered Agent		Date	:		
If signing on beh	alf of an entity:					
	ocd or Printed Name					

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