## 145019

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



200131278892

07/24/08--01003--003 \*\*35.00

08. JUL 23 AM II: 41
SECRETARY OF STATE
ANALYSEE, FLORID

RH-CRG CRG/24

## **COVER LETTER**

SUBJECT: Lexington Lakes Howel when Assn., Mc.  (Name of Corporation)  DOCUMENT NUMBER: N45019
NICOLA
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:
Louis Cyplen Esquive (Name of Contact Person)  Sachus Sax
301 Yamats Roll Swite 4150 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person)  at (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

SECRETARY OF STATE TALES AND A TALE

3008 10L 23 AM-8: 00

CR2E045 (8/05)

RECEIMEN

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta ange is submitted for a corporation organized under the laws of the State of Flo er to change its registered office or registered agent, or both, in the State of Flor	orida
1. The name of t	the corporation: Lexington Lakes Homeowners' Association, Inc.	
2. The principal	I office address: 8694 Indian River Road, Boynton Beach, FL 33437	
3. The mailing a	address (if different): Same	
4. Date of incorp	rporation/qualification: 09/06/1991 Document number: N45019	
	id street address of the current registered agent and registered office on file with turtment of State:	the
	Association Management Group	
	8694 Indian River Run	
	Boca Raton, Florida 33487	SEC SEC
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	JUL 23
• •	Louis Caplan, Esquire, Sachs & Sax	HO A
	301 Yamato Road, Suite 4150	STATE OF THE STATE
·	(PO Box NOT acceptable)	<b>夏</b> 西 一、
	Boca Raton, Florida 33431	
The street address changed will	ress of its registered office and the street address of the business office of its relational.	egistered agent,
Such change was authorized by the	vas authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	fficer so
(Signati	ture of an officer or director) (Printed or typed name and title	2)
I hereby accept I further agree of my duties, an document is be corporation has	If the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comply a familiar with and accept the obligation of my position as registered a fing filed prerely to reflect a change in the registered office address, I hereby as been partified in writing of this change.	lete performance agent. Or, if this confirm that the
	July 7, 2008	
(Si)	Signature of Registered Agent) (Date)	<del></del>
If signing on be	ehalf of an entity:	
	uis Caplan, Esquire (Typed or Printed Name)	

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