## N98000001983

(Re	questor's Name	)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	· MAIL
(Bu	siness Entity Na	ame)
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SURJECT: Lexington Ooks of Passo County Homeoc (Name of Corporation) Association, I.

DOCUMENT NUMBER: N 9 8000069 83

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:

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:

The Conley (Rimm/Company)

The Conley (Rimm/Company)

The Conley (City/State and Zip Code)

For further information concerning this matter, please call:

The Conley (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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

## 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: Lexington Oaks of Pasco County Honegar
2. The principal office address: 988/ Tourth Street N.
Suite 301, St. Petersburg, FL 33702
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/9/198 Document number: N9800006983
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
John Contru
50.5. Belcher Rd. Suite 123
Cleaguater FL 33765
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
John E. Conley
300 S. Duran Ave, Suite 137
Clearwater, FL 33755
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.
N/A
(Signature of an efficer or 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) 7/12/07 (Date)
If signing on behalf of an entity:
John E. Conley (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
CR2E045 (8/05)