## N97000004745

SETTRY Management Inc.  2180 State Road 434 W Ste 5000 Longwood FL 32779-5044 Code Product - 123200  (City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	e provisions of sections 607.0502,	617.0502, 607.1508, or 617.1508,	Florida Statutes,
this statement o	of change is submitted for a corpora	tion organized under the laws of the	: State of
<u>FLORIDA</u>	in order to change its regis	tered office or registered agent, or	both, in the State
of Florida.	LAVE DICUTT	MENOR HOMEOUNIERS LASSON	<b>*</b>
1. The name of	the corporation: LAKE PICKETT	MANOR HOMEOWNERS' ASSOCIAT	TOK INC S
2. The principal office address: 2180 W SR 434 STE 5000		F S T	
	LONGWOOD FL 3	32779-5044	-7
3. The mailing address (if different):		<u> </u>	
J	, , <u></u>		SI 6 C
4. Date of incom	poration/qualification: 08/20/19	97 Document number: N97	00004745
	d street address of the current regist rtment of State:	ered agent and registered office on f	ile with the
	SUTHERLAND, THERESA		
	5695 BEGGS RD STE B-	100	-
	ORLANDO, FL 32810		
6. The name a changed):	nd street address of the new regist	ered agent (if changed) and /or reg	gistered office (if
	JAMES W HART JR		
	SENTRY MANAGEMENT IN	IC	
	(P.O. Box or personal n 2180 W SR 434 STE 50 LONGWOOD FL 32779-5	uilbox NOT acceptable) 100 044	<del></del>
agent, as chang	ed will be identical.	treet address of the business office	•
Such change wauthorized by t	as authorized by resolution duly ad he board, or the corporation has be	opted by its board of directors or been notified in writing of the change	y an officer so
	r, chairman or vice chairman of the board)	(Printed or typed name and title)	phroys
I hereby accept I further agree performance of registered ager office address,	t the appointment as registered age to comply with the provisions of al my duties, and I am familiar with it. Or, if this document is being file I hereby confirm that the corporate	nt and agree to act in this capacity I statutes relative to the proper and and accept the obligation of my pos ed merely to reflect a change in the ion has been notified in writing of t	complete sition as registered his change.
	Signature of Registered Agent)	5/27/04	
If signing on beha	• • •	(Dato)	
JAMES W H	•	PRESIDENT	
	Typed or Printed Name)	(Capacity)	

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

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