7000012

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>⇒ #</i>)
PICK-UP	WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Do	cument Number)	
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08/27/09--01015--003 **35.00

COVER LETTER

TO:	Amendmen Division of	t Section Corporations		
SUBJI	ECT:		meowners Association of Corporation	
DOCU	JMENT NUI	MBER: N	97000001246	
The en	closed Staten	nent of Change of Registered O	ffice/Agent and fee are submitted	for filing.
Please	return all cor	respondence concerning this ma	atter to the following:	•
			•	
	_	Spend	er Solomon Contact Person	
		Name of	Contact Person	
		O = 1.4h-1 = 4 D		
			operty Management n/Company	
		P.O. 6	Box 783367	
	•		Address	
		Winter Ga	rden, FL 34778	
		City/Stat	e and Zip Code	
		spencerswp	m@yahoo.com	
	_	E-mail address: (to be used for	or future annual report notificat	ion)
For fur	ther informat	tion concerning this matter, plea	se call:	
	S	pencer Solomon	407	656 1091
		e of Contact Person	at (<u>407</u>) Area Code & Daytime 1	Celephone Number
Enclos	ed is a \$35.00	O check made payable to the De	partment of State.	
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Co	rations enter Circle
			Tallahassee, FL 32	2301

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

statement of cha	provisions of sections 60 ange is submitted for a co er to change its registered	orporation organiz	ed under the lav	vs of the Sta	te of Flor	ida	
1. The name of	the corporation: Lake	Steer Pointe	Homeown	ers Asso	<u>ciation</u>	INC.	
	office address: 13350	W Colonial Dr.	Suite 330				
	address (if different):	P 0 80)	x 7833 arden :	8UT F1 3U	<i>4778</i>		
4. Date of incorp	poration/qualification:	<u>3/7/</u> 1997	Document r	number:	N970	0000012	46
	d street address of the cur rtment of State: (If resign			d office on f	ile with th	e	
	Spencer Solomon						
	14443 Prunning W	ood Place				SEC	วกกจ
	Winter Garden, FL	34787				AHA AHA AHA AHA AHA AHA AHA AHA AHA AHA	onna Alig
6. The name and (if changed):	d street address of the nev	w registered agent ((if changed) and	l /or register	ed office	mi≺	27 AM 10: 46
	Spencer Solomon					RIE	46
	13350 W Colonial	Dr. Suite 330 P.O. Box NOT a	cceptable				
	Winter Garden, FL						
The street address changed will	ess of its registered offic be identical.	e and the street ad	ldress of the bu	siness offic	e of its reg	gistered ag	gent,
Such change wa authorized by the	as authorized by resolutine board, or the corporat	ion duly adopted b	by its board of of the direction with the direction with the direction with the direction of the direction o	directors or	by an offi	cer so	
_ Llm K	re of an officer or director		Rich	nard Routi	e 8/5/20		
i jurther agree i of my duties, an document is bei	the appointment as region comply with the provided I am familiar with and in giled merely to reflect been notified in writing	isions of all statute d accept the obliga et a change in the i	agree to act in es relative to th ation of my pos registered offic	e proper an ition as reg e address, T	id complet istered ag 'hereby co	te perform ent. Or, if onfirm thai	ance f this t the
Sign	nature of Registered Agent		-	8/5/20 Date	09		_
If signing on be	half of an entity:						
	vped or Printed Name						

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