L07000121478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 JAN 12 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Point Holdings LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacob P. Levin
Name of Person

Firm/Company

PO Box 69
Address

Indiantown, FL 34956
City/State and Zip Code

jplevin@lakepointRestoration.com
E-mail address: (to be used for future annual report notification)

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2010 JAN 12 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jacob Levin at (561) 924-9100
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Lake Point Restoration LLC ~~Lake Point Holdings~~

2. (a) Principal office address of limited liability company: 25818 SW Kanner Hwy
Canal Point, FL 3

☐ (***Note: MUST BE STREET ADDRESS***)

(b) Mailing address of limited liability company: PO Box 69
Indiantown, FL 34956

☐ (***Note: MAY BE POST OFFICE BOX***)

12/06/2007
3. Date of filing/registration in Florida

L07000121478
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Levin, Jacob P

Registered Office Address: 3160 Fairlane Farms Rd
Wellington, FL 33414

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: NO CHANGE TO Name

NEW Registered Office Address: 25818 SW Kanner Hwy
(MUST BE FLORIDA STREET ADDRESS)
Canal Point, FL 33438

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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2008 JAN 12 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jacob Levin
Signature of a member or authorized representative of a member

Jacob Levin
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jacob Levin
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (05/08)