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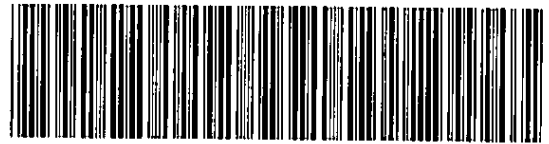
(Business Entity Name)

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DEVELOPMENT LAW

May 16, 2019

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Lake Grove Property Owners' Association, Inc.

Dear Sir/Madam:

Enclosed please find a Cover Letter and Statement of Change of Registered Agent form regarding Lake Grove Property Owners' Association, Inc. (Document No.: 65-0461431). Also enclosed is check no. 2397 in the amount of \$35.00 to cover the cost of filing the registered agent change with the Division.

If you have any questions, please do not hesitate to contact the undersigned.

Warmest Personal Regards,

KAYE BENDER REMBAUM, P.L.


Jeffrey A. Rembaum, Esq.
For the Firm

JAR/tr
Enclosures

BROWARD County:
1200 PARK CENTRAL BLVD, SOUTH
POMPANO BEACH, FL 33064
TEL. 954.928.0680 FAX 954.772.0319

PALM BEACH County:
9121 N. MILITARY TRAIL, SUITE 200
PALM BEACH GARDENS, FL 33410
TEL. 561.244.1162 FAX 561.251.2700

HILLSBOROUGH County:
1211 N. WESTSHORE BLVD, SUITE 409
TAMPA, FL 33607
TEL. 813.275.9731 FAX 813.252.2047

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake Grove Property Owners' Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 65-0461431

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:

Greg Smith, President

Name of Contact Person

Firm/Company

4970 SW Lake Grove Circle

Address

Palm City, Florida 34490

City/State and Zip Code

board@lakegroveestates.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Smith

Name of Contact Person

at (772) 285-4787

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

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: Lake Grove Property Owners' Association, Inc.
2. The principal office address: 4970 SW Lake Grove Circle, Palm City, FL 34990
3. The mailing address (if different): P.O. Box 2431, Palm City, FL 34491
4. Date of incorporation/qualification: 01/08/1996 Document number: 65-0461431
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Cartwright, J. Henry, Esq. / Fox McCluskey Bush Robison, PLLC
3473 SE Willoughby Boulevard
Stuart, FL 34994

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kaye Bender Rembaum, P.L.
1200 Park Central Blvd., South
P.O. Box NOT acceptable
Pompano Beach, FL 33064

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TALLAHASSEE, FL

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.



Signature of an officer or director

Greg Smith, President

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

5/16/19

Date

If signing on behalf of an entity:

Jeffrey A. Rembaum, Esq.

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 (03/12)