

707024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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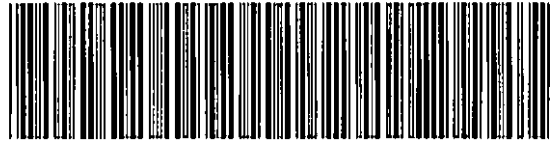
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

**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: INDIAN LAKE ESTATES, INC
2. The principal office address: 7510 RED GRANGE BLVD., INDIAN LAKE ESTATES, FL 33855
3. The mailing address (if different): P.O. BOX 7395, INDIAN LAKE ESTATES, FL 33855
4. Date of incorporation/qualification: 03\23\1964 Document number: 707024
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)  
SULLIVAN, ANGELA D.  
7510 RED GRANGE BLVD.  
INDIAN LAKE ESTATES, FL 33855

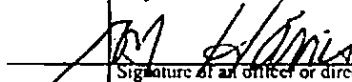
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TORKILDSON, ALTHEA  
7510 RED GRANGE BLVD.  
P.O. Box NOT acceptable  
INDIAN LAKE ESTATES, FL 33855

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, of the corporation has been notified in writing of the change.

  
Signature of an officer or director

JON HARRIS, PRESIDENT V. PRES.  
Printed or typed name and title

*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

JUNE 13, 2021  
Date

If signing on behalf of an entity:

N/A Althea Torkildson  
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 (04/13)