726776

(Requesto	r's Name)			
(Address)				
(Address)				
(City/State	z/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business	Entity-Name)			
(Document Number)				
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

RAROCH8
10/10/19/09

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT, Editovio	v Greens Condomin Name of C	orporation			
DOCUMENT NUMBER		726776			
The enclosed Statement of	Change of Registered Offic	e/Agent and fee are submi	tted for filing.		
Please return all correspon	dence concerning this matte	r to the following:			
·	Tamm Name of Co	y Fazio			
	Wilson Landscaping a	nd Management Corp),		
	Firm/C	ompany			
	15300 Jog F Add	Rd. Suite 109			
	Delray Beac City/State a	ch, FL 33446 and Zip Code			
E-mai	tammy@wilsonr I address: (to be used for		fication)		
For further information co	nceming this matter, please	call:			
Tam	my Fazio	at (561)	637-3402		
Name of C	Contact Person	Area Code & Day	637-3402 time Telephone Number		
Enclosed is a \$35.00 chec	k made payable to the Depa	rtment of State.			
Ā	Mailing Address: Amendment Section Division of Corporations	Street Address Amendment S Division of C	Section		
	O. Box 6327	Clifton Build	ing		
I	allahassee, FL 32314	2661 Executi	2661 Executive Center Circle		

Tallahassee, Fl. 32301



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

statement of cha	nge is submitted for a cor	poration organize	607.1508, or 617.1508, Flort ed under the laws of the State of goons, or both, in 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: Lakeview Greens Condominium Association "A" Inc.					
2. The principal	office address: 15300 J	og Rd. Suite	109		
Delray Be	ach, FL 33446				
3. The mailing	address (if different): <u>san</u>	ne			
4. Date of incor	poration/qualification:	6-22-73	Document number:	726776	
	d street address of the curn utment of State: (If resigne		ent and registered office on fil	e with the	
	Intregrity Property I	Management		<u></u>	
	953 University Dr.				
	Pompano Beach, F	L 33071			
6. The name an (if changed):		v registered agent	(if changed) and /or registere	と と と と と と と と と と と と と と と と と と と	
	Danny L Wilson, W	ilson Landsca	ping and Management	Corp 6 SE	
Danny L Wilson, Wilson Landscaping and Management Corp 15300 Jog Rd. Suite 109 PO Bio NOT acceptable Delray Beach, FL 33446					
	Delray Beach, FL		ecceptante	=	
The street addras changed will	ress of its registered officill be identical.	e and the street a	ddress of the business office	of its registered agent.	
Such change wanthorized by	vas authorized by resoluti the board, or the corporat	on duly adopted ion has been noti	by its board of directors or b	ny an officer so e.	
Mary	pre of an officer or director	lest L.V.G.	Mary Nelson,	President and title	
I hereby accep I further agree of my duties, a document is he corporation ha	it the appointment as regi to comply with the provi nd I am familiar with and ring filed mayely to reflec as been notified in writing	stered agent and sions of all statud accept the oblig t a change in the t of this change.	agree to act in this capacity les relative to the proper and ation of my position as regis registered office address, ?)	, 1 complete performance stered ugent. Or, if this hereby confirm that the	
Van	unature of Registered Agent		10/14/09 Date		
If signing on b	ehalf of an entity:		•	•	
	Danny L. Wilson Typed or Printed Name	_			

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