

728597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

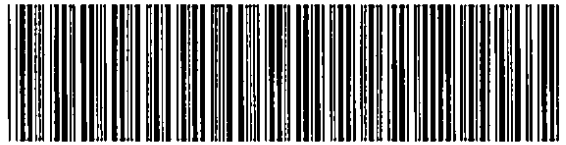
(Document Number)

Certified Copies _____

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PAID
CLERK OF STATE
12 SEP -4 PM 5:00

Ra Change

SEP 06 2018

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: change of registered agent
Name of Corporation

DOCUMENT NUMBER: 728597

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:

KARL SCHROEDER

Name of Contact Person

STAMBAUGH, INC.

Firm/Company

500 ORCHID SPRINGS DRIVE

Address

WINTER HAVEN, FL 33884

City/State and Zip Code

STAMBAUGHINC@VERIZON.NET

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

10 SEP - 11 PM 5:00
RECEIVED
DIVISION OF STATE
CORPORATIONS

For further information concerning this matter, please call:

KARL SCHROEDER

Name of Contact Person

at (**863**) **324-5100 EXT6**

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



AUG 30 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2018

LAKE BUCKEYE CONDOMINIUM
500 ORCHID SPRINGS DR
WINTER HAVEN, FL 33884

SUBJECT: LAKE BUCKEYE CONDOMINIUM, INC.
Ref. Number: 728597

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Please return your check with a note stating what the money is intended for.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 718A00017416

RECEIVED
18 SEP -6 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FL 32314

• **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 BUCKEYE CONDOMINIUM, INC.
2. The principal office address: 500 ORCHID SPRINGS DRIVE WINTER HAVEN, FL 33884
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: 728597
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)

RESIGNED

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

STAMBAUGH, INC.

500 ORCHID SPRINGS DRIVE

P.O. Box NOT acceptable

WINTER HAVEN, FL 33884

FILED
DIVISION OF STATE
CORPORATIONS
18 SEP -4 PM 5:00

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]
Signature of an officer or director

KEAN WHITE - Director
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]
Signature of Registered Agent

6/12/18
Date

If signing on behalf of an entity:

Tanisha Schroeder
Typed or Printed Name

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