## 729056

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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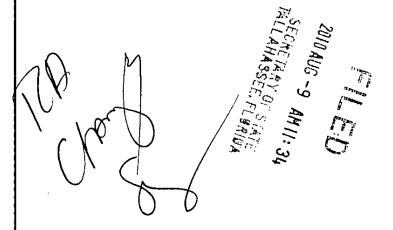
Office Use Only

8,10,19



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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Lido SURF AND SAND OWNERS ASSOCIATION, INC.
DOCUMENT NUMBER: 729056
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:
PATRICIA J ROGERS  Name of Contact Person
Lido SURF AND SAND OWNERS ASSOC, INC
Firm/Company
1100 BEN FRANKLIN DR. Address
SARASOTA, FL 34236 City/State and Zip Code
City/State and Zip Code
LSS. MANAGER @ VERIZON. NET
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PATRICIA ROGERS at 941 388-1100  Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section  Street Address:  Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of rto change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: Lido SURF AND SAND OWNERS ASSŒIATION, I
2. The principal of	office address: 1100 BEN FRANKLIN DR.
	SARASOTA, FL. 34236
3. The mailing ac	ddress (if different):
4. Date of incorp	poration/qualification: Document number: 729056
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	JENNIE L. BYRAM - (Resigned)
	1100 BEN FRANKLIN DR. # 201
	JARASOTA, FL 34236
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	PATRICIA J. ROGERS
	1100 BEN FRANKLIN DR. #2079 B
	SARASOTA, FL. 34236
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
	A Varadise Torrest Paradize, Vf. Printed or typed name and title
I hereby accept I further agree to of my duties, and document is best corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Patricis Sign	maturo of Registered Agent Date
If signing on be	chalf of an entity:
T	Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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