74/736

(Requestor's Name)			
`(Address)			
- ,			
(Address)			
(**************************************			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
,			
(Document Number)			
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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJI	ECT: Lago Mar Colony Protective (Name of Corporati	Association, Inc.		
DOCUMENT NUMBER: 74/736				
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:				
	Robert Rossi (Name of Contact Per	rson)		
Lago Mar (along Protective Association, Inc., (Firm/Company)				
13020 NW BM Street				
Plantation, FL 33325 (City/State and Zip Code)				
For further information concerning this matter, please call:				
	Robert Rossi at (Name of Contact Person)	754) 802 – 757 1 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		
	Division of Corporation P.O. Bex 6327, 32514 Tallahassee, 77, 32514	SECRETARY OF STATE SECREDANDS		

CR2E045 (8/05)

SECRETARY OF STATE TALLARISEE, FLORIDA 2008 HA 81 JUL 8002

RECEIVED

$^{\circ}$ 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, statement of change is submitted for a corporation organized under the laws of the in order to change its registered office or registered agent, or both, in the	State of Florida
1. The name of the corporation: Laso Mar Colony Protect	ive Association, Inc
2. The principal office address: 13020 NW 3rd Street, P	
3. The mailing address (if different): Same	
4. Date of incorporation/qualification:	741736
5. The name and street address of the current registered agent and registered office Florida Department of State:	on file with the
Michael Berger	WALE SEC J
15712 SW 415+ Street, Suite 6	JUL 1
15712 SW 415+ Street, Suite 6 Davie, PL 33331	6 PH
6. The name and street address of the new registered agent (if changed) and /or reg (if changed):	istered office
Joseph E. Carpenter, Jr.	5
Joseph E. Carpenter, Jr. 6400 N. Andrews Avenue, Suite (P.O. Box NOT acceptable)	<u>370</u>
Ft. Lauderdale, FL 33309	
The street address of its registered office and the street address of the business as changed will be identical.	office of its registered agent,
Such change was authorized by resolution duly adopted by its board of director authorized by the board, or the corporation has been notified in writing of the c	
(Printed or type	E Corange of title)
I hereby accept the appointment as registered agent and agree to act in this cap I further agree to comply with the provisions of all statutes relative to the property of my duties, and I am familiar with and accept the obligation of my position as document is being filed merely to reflect a change in the registered office address corporation has been notified in writing of this change.	pacity
(Starten of Architected Agents)	109
(S)	ate)
If signing on behalf of an entity:	
(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 * * *

CR2E045 (8/05)