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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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RAIRDICHS (10) 11/20/08

COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Village Lake Condominum Association, Inc. (Name of Corporation) | | |
| DOCUMENT NUMBER: 745519 | | |
| 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: | | |
| Billy K. OSburn (Name of Contact Person) | | |
| RAMPAT Properties, INC. | | |
| 9887 4 ST N Suite # 301 | | |
| St Peters burg FL 33702 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| Billy 1C. OSburn at (727) 577. 72700 (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

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 LOVICE. |
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: UILASE Lake Condominum ASSOCIATION. INC. |
| 2. The principal office address: 10691 1005e Velt 151vd. N. |
| ST 18765 burg 9 33714 |
| 3. The mailing address (if different): 9887 LT ST N. Suite +301 |
| ST PETERSburg CL 33707 |
| 4. Date of incorporation/qualification: 1/11/79 Document number: 745519 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| Braker & Polinkofb, P.A. |
| 5999 Central Are. Soute # 101 |
| ST Petersburg FL 33710 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| KAMPACT Properties, INC. |
| 9887 4 Street N. Sute +301 2 3 |
| (P.O. Box NOT acceptable) ST Petersburg fl 33707 |
| |
| 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. |
| Lakeita Chollen V.P. Lakeita Chollen V.P = 200 |
| (Signature of an officer or 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 priting of this change. |
| Bay h Children U 13/08 (Signature of Registered Agent) U 13/08 |
| If signing on behalf of an entity: |
| Rampalt Properties, INC. |

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