750395

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400304776044

10/23/17--01030--020 **35.00

PCT 2 1 /91



COVER LETTER

Amendment Section Division of Corporations SUBJECT: La Costa Del Mar, Inc. Name of Corporation 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: Leonard Wilder Name of Contact Person Bakalar & Associates P.A. Finn/Company 12472 W. Atlantic Blvd. Address Coral Springs, FL 33071 City/State and Zip Code lwilder@assoc-law.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leonard Wilder, Esq.

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

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

TO:

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

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.	
	the corporation: La Costa Del Mar, Inc.
	office address: c/o United Community Management 11784 W. Sample Rd., # 103, Coral Springs, FL 33065
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 12/20/1979 Document number: 750325
5. The name and Florida Depa	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	United Community Management Corp
	11784 W. Sample Rd.
	Coral Springs, FL 33065
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Bakalar & Associates P.A. 12472 W. Atlantic Blvd.
	12472 W. Atlantic Blvd. 설문 및 및 및 및 및 및 및 및 및 및 및 및 및 및 및 및 및 및
	P.O. Box NOT acceptable Coral Springs, FL 33071
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa	is authorized by resolution duly adopted by its board of directors or by an officer so le board, or the corporation has been notified in writing of the change.
Signatur	Walker Jane WALKUP Te of an officer or director Printed or type.! name and title
performance of verformance of vent. Or, if thi	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sign	Frence 9/28/200 ature of Registered Agent Date
AKALKI	nalf of an entity: L C + SCUTTE, PA ped or Printed Name

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