

154300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

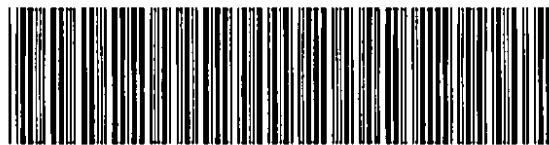
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000314891310

06/29/18--01017--014 **35.00

2018 JUN 29 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RA/R0/ch8

JUL 09 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Woodlake Isles, Inc.

Name of Corporation

DOCUMENT NUMBER: 754306

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:

David Klein

Name of Contact Person

Milberg Klein P.L.

Firm/Company

5550 Glades Road Suit 500

Address

Boca Raton, Florida 33433

City/State and Zip Code

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

For further information concerning this matter, please call:

David Klein

Name of Contact Person

at (561) 244-9461

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

WOODLAKE ISLES, INC.

1. The name of the corporation: _____
1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
2. The principal office address: _____
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/24/80 Document number: 754306

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)

LLOYD W. PROCTON, P.A.

400 SE 18TH STREET

FORT LAUDERDALE, FL 33316

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

MILBERG KLEIN PL

5550 Glades Rd, Suite 500

P.O. Box NOT acceptable

Boca Raton, FL 33431

FILED
2018 JUN 29 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

* Luis Coederc
Signature of an officer or director

Luis Coederc - Pres.
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

6-26-18
Date

If signing on behalf of an entity:

David Allen
Typed or Printed Name

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

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