

756 827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

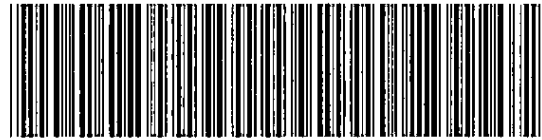
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LAKE SIDE CONDOMINIUM ASSOCIATION NO. 2, INC.  
Name of Corporation

DOCUMENT NUMBER: 756827

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:

Edward Smith  
Name of Contact Person

Firm/Company  
10780 CEDAR POINT BLVD  
Address  
BOYNTON BEACH, FL 33437-1315  
City/State and Zip Code

E L S R & T 2018@gmail.com  
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Stoloff      561      6150123  
Name of Contact Person      Area Code & Daytime Telephone Number

Enclosed is a \$36.00 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of the corporation: LAKEVIEW CONDOMINIUM ASSOCIATION NO. 2, INC.
2. The principal office address: 10780 CEDAR POINT BLVD BOYNTON BEACH, FL 33437-1315
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/17/1981 Document number: 756827
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)

Law Office of JM Cunha PA

601 Heritage Drive #424

Jupiter, FL 33458

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

Stoloff & Manoff, P.A.

1818 Australian Ave. South, Suite 400

P.O. Box NOT acceptable

West Palm Beach, FL 33409

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.

Edward L. Smith, President  
Signature of an officer or director

Edward L. Smith, President  
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

4/1/2022

Date

If signing on behalf of an entity:

Scott A. Stoloff

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  
CR2E045 (04/13)

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TALLAHASSEE, FL