

758206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

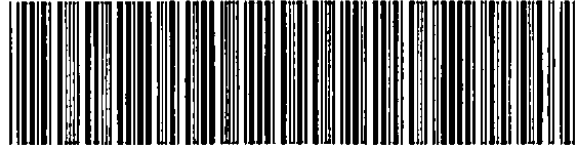
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2020

WAYNE COTTON
2923 SABALWOOD COURT
DELRAY BEACH, FL 33445

SUBJECT: LAKE JUNE FALLS CONDOMINIUM OWNERS' ASSOCIATION, INC.
Ref. Number: 758206

We have received your document for LAKE JUNE FALLS CONDOMINIUM OWNERS' ASSOCIATION,INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The heading of the form is not printed out properly.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 520A00023614

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake June Falls Condominium Owner:
Name of Corporation

DOCUMENT NUMBER: 758206

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:

Wayne Cotton
Name of Contact Person

Firm/Company
2923 Sabalwood Court
Address

Delray Beach, FL 33445
City/State and Zip Code

wcottonfl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wayne Cotton at (954) 520-2227
Name of Contact Person 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
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: Lake June Falls Condominium Owners As.
2. The principal office address: 2923 Sabalwood Court
Delray Beach, FL 33445
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 10/29/1981 Document number: 758206
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)

VP/D Bryan Beer - resigned
P.O. Box 2431
Labelle, FL 33975

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

VP/D Lauren Cotton Woodbury
709 Sandpiper Way
P.O. Box NOT acceptable
Norlin Palm Beach, FL 33408

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.

Deetta Cotton
Signature of an officer or director

S/T/D
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 the
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

12/5/2020
Date

If signing on behalf of an entity:

Lauren Cotton Woodbury
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)