

762353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

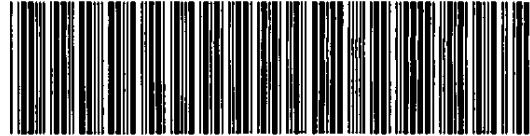
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700289181037

08/25/16--01007--022 \*\*35.00

FILED  
2016 AUG 25 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/12/16

**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 AT LOCHMOOR CONDO ASSOC INC
2. The principal office address: 2069 W LAKEVIEW BLVD E12  
NORTH FORT MYERS FL 33903
3. The mailing address (if different): 0/0 SWFL CAM SERVICES  
10231 METRO PKWY #204, FORT MYERS FL 33966
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: 762353
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)

MELENDEZ, VICKI

2069 W LAKEVIEW BLVD E12

NORTH FORT MYERS FL 33903

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

SWFL CAM SERVICES LLC

10231 METRO PKWY #204

P.O. Box NOT acceptable

FORT MYERS FL 33966

FILED  
2016 AUG 25 PM 12:49  
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.

Paul Prou

Signature of an officer or director

PAUL PROU TREASURER

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.

Cathy Failla, CAM

Signature of Registered Agent

8/17/16

Date

If signing on behalf of an entity:

Cathy Failla, CAM

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