## 764954

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

TO:	Amendment Section Division of Corporations	
SUBJI Name	ECT: LAKESIDE CONDOMINIUM ASSOC	IATION NO. 5, INC.
DOCL	IMENT NUMBER: 764954	
The en	closed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
Scott J.	Lee, Esq.	
Name	of Contact Person	<del></del>
SJW La	aw Group, PLLC	
Firm/C	Company	
12300 5	South Shore Boulevard, Suite 202	
Addres	SS	
Welling	gton, FL 33414	
City/St	ate and Zip Code	<del></del>
	scott@sjwlawgroup.com	
E-mai	address: (to be used for future annual	report notification)
For fur	ther information concerning this matter, p	lease call:
Scott J.	Lee, Esq	340-4555
	Name of Contact Person	at (561 )340-4555 Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the I	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

The same of the confidence of the same of

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute ange is submitted for a corporation organized under the laws of the State of Florida			
	er to change its registered office or registered agent, or both, in the State of Florida			
1. The name of	the corporation: LAKESIDE CONDOMINIUM ASSOCIATION NO. 5, INC.			
2. The principal	the corporation: LAKESIDE CONDOMINIUM ASSOCIATION NO. 5, INC.  10780 CEDAR POINT BLVD., BOYNTON BEACH, FLORIDA 3343	7		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 09/10/1982 Document number: 764954			
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the runent of State: (If resigned, enter resigned)	-		
	Becker & Poliakoff PA			
	1 East Broward Bivd #1800	20. 13.61 14.11		
	Ft. Lauderdale, FL 33301	72 OC		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	TZ4 A		
	SJW Law Group, PLLC	. op (		
12300 South Shore Blvd., Suite 202				
P.O. Box NOT acceptable				
	Wellington, FL 33414	₹ <sup>7</sup>		
The street address changed will	ess of its registered office and the street address of the business office of its regis be identical.	tered agent,		
Such change we authorized by the	as authorized by resolution duly adopted by its board of directors or by an office ne board, or the corporation has been notified in writing of the change.	r so		
[ Cully	re of an-officer of director Printed or typed name and title	<u>se</u>		
V I hereby accept I fürther aeree .	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete is a lamiliar with and accept the obligation of my position as registered agenting filed merely to reflect a change in the registered office address, I hereby conjugate to the property of this change.	nerlôrmance		
( Sig	nature of Registered Agent (Ĉ/17/22	<del></del>		
If signing on be	half of an entity:			
Scott	J. 60.			
7	yned 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)