768540

	,			
(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
•				
Special Instructions to	Filing Officer:			
,				





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COVER LETTER

Division of Corporations					
SUBJECT: Lexington Green Condominium Association, Inc. Name of Corporation					
·					
DOCUMENT NUMBER: 768540					
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:					
Judy abramson Name or Contact Person					
Lang Management Company					
Firm/Company					
790 Park of Commerce Blvd #200					
Address					
Boca Raton, FL 33487					
City/State and Zip Code					
Judy ∧ '@langmanagement.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter; please call:					
Name of Contact Person at (561) 750-8800 Area Code & Daytime Telephone Number					
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 Street Address: Amendment Section					

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section

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

•	provisions of sections 607.0502, 6. ange is submitted for a corporation		
•	er to change its registered office or	· ·	
1. The name of	the corporation: Lexington Gre	en Condominium Asso	ciation, Inc.
	l office address: <u>790 Park of C</u> ton, FL 33487	ommerce Blvd #200	
3. The mailing a	address (if different): Same as a	above	
4. Date of incor	poration/qualification: 05/19/19	Document number:	768540
	d street address of the current regist rtment of State: (If resigned, enter r		on file with the
	Renee, Campbell		
	11784 West Sample Roa	ad 103	
	Coral Springs, FL 33065		
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or regis	stered office
	Kevin M Carroll		ASS BE
	790 Park of Commerce is		AHA DEC
	Boca Raton, FL 33487	ox NOT acceptable	SSEETH D
The street address changed will	ess of its registered office and the l be identical.	street address of the business of	fice of its registered agent,
Such change was authorized by the	as authorized by resolution duly ache board, or the corporation has be	lopted by its board of directors c en notified in writing of the cha	or by an officer so . nge.
Signatu	are of an officer or director	Allan Doherty,	Pres
I hereby accept	the appointment as registered age to comply with the provisions of a my duties, and I am familiar with its document is being filed merely in That the corporation has been not	ent and agree to act in this capa ll statutes relative to the proper and accept the obligation of my to reflect a change in the registe ified in writing of this change.	city. and complete position as registered red office address, I
		9/1	914
Sig	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	yped or Printed Name		

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