

770678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

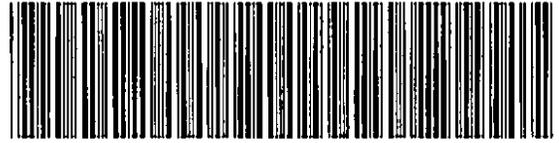
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: LAKESIDE CONDOMINIUM ASSOCIATION NO. 8, INC.  
Name of Corporation

DOCUMENT NUMBER: 770678

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:

FRANCIS (FRANK) CONLON  
Name of Contact Person

LAKESIDE CONDOMINIUM ASSOCIATION NO. 8, INC.  
Firm/Company

10780 CEDAR POINT BLVD.  
Address

BOYNTON BEACH, FL 33437  
City/State and Zip Code

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

For further information concerning this matter, please call:

SJW LAW GROUP, PLLC at ( 561 ) 340-4555  
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: LAKESIDE CONDOMINIUM ASSOCIATION NO. 8, INC.

2. The principal office address: 10780 CEDAR POINT BLVD.  
BOYNTON BEACH, FL 33437

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/11/1983 Document number: 770678

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)

BACKER ABOUD POLIAKOFF & FOELSTER  
400 S. DIXIE HIGHWAY, SUITE 420  
BOCA RATON, FL 33432

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

SJW LAW GROUP, PLLC  
12300 SOUTH SHORE BLVD., SUITE 202  
P.O. Box NOT acceptable  
WELLINGTON, FL 33414

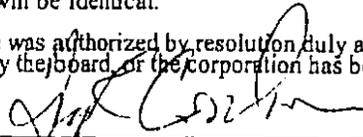
STATE DEPARTMENT OF  
TALLAHASSEE, FL

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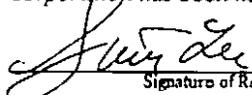
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

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 of Registered Agent

7/29/22  
\_\_\_\_\_  
Date

If signing on behalf of an entity:  
Stott Lee, Esq.  
\_\_\_\_\_  
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)