## 820881

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	<u> </u>			
(Orty) State/Zip/: Notice 4)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(2007)				
Continue Continue Continue				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE AUG - 7 2023				
7 2073				
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Baird Homes of Lakeland. Inc Name of Corporation	
DOCUMENT NUMBER: 820881	
The enclosed Statement of Change of Reg	istered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Jenna Kullmann	
Name of Contact Person	
Baird Home Corporation	
Firm/Company	
3495 U.S. Hwy 441	
Address	
Fruitland Park, FL 34731	
City/State and Zip Code	
jkullmann@bairdcorp.	com
E-mail address: (to be used for future a	innual report notification)
For further information concerning this ma	atter, please call:
Kacie DeArmond	352 787-2500
Name of Contact Person	at (352) 787-2500 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 P.O. Box 6327	Division of Corporations 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

statement of cha	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org	anized under the laws of the State of	Indiana	this	<del></del>
	er to change its registered office or regi		<sup>e</sup> lorida.		
1. The name of	the corporation: Baird Homes of Lakelan	nd, Inc			
2. The principal	office address: 3495 U.S. Hwy 441 Frui	itland Park, FI, 34731			
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 11/13/1967	Document number: 820881			
5. The name and	d street address of the current registered rtment of State: (If resigned, enter resigned)	dagent and registered office on file wi	ith the		
	Humphrey, Durian Dean		_		
	35800 Grays Airport Road S		_		
	Fruitland Park, FL 34731		_		
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered of	fice (	23 JUN	
	Charles D. Johnson		25.	20	
	907 Webster Street				in O
	P.O. E	Box NOT acceptable	7 (J)	ယ္က	
	Leesburg, FL 34748			5	
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of it	s register	red ag	ent.
Such change wanthorized by the	as authorized by resolution duly adopt he board, or the corporation has been i	ed by its board of directors or by an notified in writing of the change.	officer s	υ	
Ndehad	Buttemph.	Michael Brent Humphrey, Presiden			
hereby accept further agree i if my duties, an locument is bei	the appointment as registered agent of the appointment as registered agent of the comply with the provisions of all stand I am familiar with and accept the of the filed merely to reflect a change in some polified in writing of this change.	atutes relative to the proper and con bligation of my position as registered the registered office address, I herel		rforme Or, if m that	ance this the
l		0617 2	2		
Sign	nature of Registered Agent	Date			
f signing on be	chalf of an entity:				
	Charles D. Johnson				
T	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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