7/11/2019



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000211422 3)))



H1900021142234BCVV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

REGISTERED AGENT CHANGE

## LAGO PARADISO AT THE HAMMOCKS LP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50



Electronic Filing Menu

Corporate Filing Menu

Help

5

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	LAGO PARADISO AT THE HAMMOCKS LP					
Nu	me of Limited Partnership or Lim	ited Lisbility L	imited Partnersh	t.		
2.	5/2017	3	B17000000088			
Date of filing	/registration in Florida		Florida docume	nt number		
4. The name of the re Department of State:	gistered agent and the registered (	office address a	s shown on the re	ecords of the Florida		
	LUBECK, JO	OSEPH G				
	Nan	ic				
	11911 US HIGHW/	AY 1 STE 2	04	s <b>2</b>		
	Addre NORTH PALM		. 33408	1019 JUL 12 SECRETAR TALLAHA		
	City, State	and Zip		59 F		
5. The name and Flor	rida street address of the new regi	•	d/or office:	めつ		
	C T Corporate	ion System		유유 중		
	Nan	ne		8: 26 STATE E, FL		
	1200 South Pine Island Road		F Z 2			
	Florida street address (P.	O. Box not acc	eptable)	<u> </u>		
	Plantation,	Fi	33324			
	City, State					
6. Such change(s) is/	are practive when filed by the Fl	orida Departme	ent of State.			
	//	James Mills	r.			
Signature of General	<b>b</b> other					
comply with the you	ppointment as registered agent ar isions of all statutes relative to the h an accupt the obligations of my	e proper and co	mplete performa	l further agree to nee of my duties.		
Signature of Recision	for Abent		e			
Signature of Register			fred You			
Filing Fee:	\$35.00	Assis	tant Se	cretary		
Certified Copy (	<del>-</del>					

大型,是是是在1000年间,我们的时间,这一个人的时间,那些一个人的时间,这个人的时间,这一种一个女人的时候,他们就会**现代的时间的现在分词**。