## FODOOOOIIAN Requester's Name



2695 E. DOMINGUEZ ST. P.O. BOX 6261 CARSON, CA 90749 www.lakeshorelearning.com

CR2E031(7/97)

Office Use Only

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CORPORATION NAME(S) & DUC	Ulviers IBER(S), (if known):
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☐ Walk in ☐ Pick up time	Certified Copy =
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NEW FILINGS	AMENDMENTS
Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability Domestication	<ul> <li>Change of Registered Agent</li> <li>Dissolution/Withdrawal</li> </ul>
Other	Merger American American Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
	Reinstatement Trademark
	Other Y
	Examiner's Initials

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

the undersigned corporation organized under the laws of the State ofCalifornia
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
I. The name of the corporation: Lakeshore Holding Corp. =
2. The mailing address of the corporation: 2695 E. Dominguez St.
Carson, CA 90749
3. Date of incorporation/qualification: March 1, 2000 Document number: F00000001122
4. The name and address of the current registered agent and office:
CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
Sabrina Moreno
335 E. Semoran Blvd. Suite 101
Fern Park, FL 32730
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.
(Signature of an office Chairman of the board) (Date)
Michael Kaplan - President (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. If the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Surrena l'Mrecci 2/20/01
(Signature of Registered Agent) (Date)  If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

CR2E045(9/00)

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