

F94000001343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

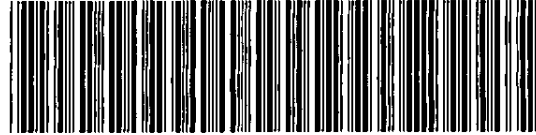
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
16 JUN 10 AM 10:44

FILED
2018 JUN 10 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/14/18

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 175014 4372158

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : June 9, 2016

ORDER TIME : 9:53 AM

ORDER NO. : 175014-005

CUSTOMER NO: 4372158

CHANGE OF AGENT

NAME: LAKELAND VENTURE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT. 62956

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAKELAND VENTURE, INC.
Name of Corporation

DOCUMENT NUMBER: F94000001243

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:

Douglas W. Allen
Name of Contact Person
Lakeland Venture Inc.
Firm/Company
c/o Allen Associates Properties Inc, PO Box 590249
Address
Newton Centre, MA 02459
City/State and Zip Code
dwa@allenpropertiesinc.com & vjc@allenpropertiesinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas Allen at (617 332-3800)
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 MA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LAKELAND VENTURE, INC.
2. The principal office address: % ALLEN ASSOCIATES PROPERTIES, INC.
1320 CENTRE STREET, STE 403, NEWTON CENTRE, MA 02459
3. The mailing address (if different): % ALLEN ASSOCIATES PROPERTIES, INC.
P. O. BOX 590249, NEWTON CENTRE, MA 02459
4. Date of incorporation/qualification: 03/11/1994 Document number: F94000001243
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)

LEXIS DOCUMENT SERVICES, INC.

3953 WW KELLY RD.

TALLAHASSEE, FL 32311

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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, or the corporation has been notified in writing of the change.


Signature of an officer or director

Douglas W. Allen, Vice 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.

Corporation Service Company

By: 
Signature of Registered Agent

6/10/14
Date

If signing on behalf of an entity:

Melissa Zender

Asst. Vice President

*** 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 (03/12)

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