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(Re	equestor's Name)	<u></u>
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bı	siness Entity Nan	ne)
(3.		,
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Certified Coples	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LAKeside VILLAGE Mobile PARK Homeowners Association
DOCUMENT NUMBER: # H91.390
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:
SANDRA R. BAtes-BARRON (Name of Contact Person)
LAKeside Village Mobile PARK Homeowners' Asso, Inc. (Firm/Company)
11000 SE Federal Highway, Lot#7
Hobe Sound 71 33455 (City/State and Zip Code)
For further information concerning this matter, please call: M-W-F
SANDRA R. Bottes - Barron at (772) 546-3/9/ 9-12 (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 4 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

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: LAKe Side Village Mobile Home PARK Homeowners Asso
2. The principal office address: 11000 S.E. Frageral Highway, Lot #7
Hobe Sound, FL 33455
3. The mailing address (if different):
4. Date of incorporation/qualification: 12-24-1985 Document number: # H 91390
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Paynton, Roth
11000 SE Federal Hwy #97 = 3
Hobe Sound FL 33455
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): SANDRA R. BATES-BATCON
CT TO 11
(P.O. Box NOT acceptable)
Hobe Sound FL 33455
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.
Hans Christensen President (Signature of an officer or director)
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.
Sandra K. Bates - Boum 4-7-06 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
SANDRA R. BAtes - BARRON (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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