## L08000006647

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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06/13/17--01012--001 \*\*1615.00



## **COVER LETTER**

_	tration Section ion of Corporations	·
SUBJECT:	Lakeside	Building, LLC Name of Limited Etability Company
Dear Sir or M	adam:	
The enclosed	Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.
Please return	all correspondence concern	ing this matter to the following:
JULI	E SCHULZ	
	Name of Person	
SUMM	IIT GROUP MANAGEM Firm/Company	ENT, LLC
342	7 BANNERMAN ROAD,	, SUITE D208
	Address	
TAL	LAHASSEE FL 32	
	City/State and Zip C	ode
jul: E-mail a	ie.schulz@summito address: (to be used for futu	group, biz re annual report notification)
	formation concerning this n	•
JUL	IE SCHULZ	at (850 ) 219-8207
	Name of Person	Area Code & Daytime Telephone Number
	EET/COURIER ADDRES	
	stration Section	Registration Section
	ion of Corporations	Division of Corporations
	on Building Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
	hassee, Florida 32301	rananassee, riorida 32314
Encl	osed is a check for the foll	owing amount:
<b>₩</b> \$2	25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: Lakes	ide Building	LLC
2. (a)	3427 BANNERMAN ROAD  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		AN ROAD  ess of limited liability company:  AY BE POST OFFICE BOX)
	_SUITE_D208	SUITE_105-42	.8
	TALLAHASSEE FL 32312	TALLAHASSEE	FL 32312
	01/18/2008	L080000	006642
3.	Date of filing/registration in Florida	4. Document	number
5. (a)	SUMMIT GROUP INTERNATIONAL MANA Registered Agent and Registered Office shown on the records of		
	2073_SUMMIT_LAKE_DRIVE_ Registered Office Address	ADDRESS)	7. FACCO
	_SUITE_155		NO NO
	TALLAHASSEE, FI		SSE
41-1			9 3 77
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	SPARE CORRESPONDE
	3427 BANNERMAN ROAD, SUITE D20	3	<b>*</b>
	NEW Registered Office Address:		
	TALLAHASSEE , FI		
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	the registered office and the bability company, it is hereby confirm the limited liability company	usiness office of the registered onfirmed that the change(s)
Sions	ature of a member or authorized representative of a member	CLAUDE R. WA	
_	•		yped name of signee
provis the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change	ree to act in this capacity. I fin performance of my duties, and d for in Chapter 605, F.S. Or, hereby confirm that the limited	ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been
Signate	ure of Registered Agent		