## L 1 00000 40059

	questor's Name)	
(Re	questors (vame)	
(Add	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Rue	siness Entity Nar	ne)
(Du	Siliess Entity Hai	ne,
	(1)	
(00	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filina Officer:	
<b>OP O O O O O O O O O O</b>	<b>.</b>	

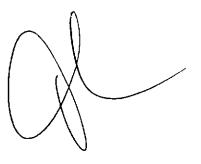
Office Use Only



200397715952

11/25/12--01017--025 \*+6.0.00

2022 NOV 29 AH 8: 21



## 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.

lame of the limited liability company: LADY LAKE T	K, LLC		
9755 MEGAN TERRACE	(b)	(b) 9755 MEGAN TERRACE	
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
ESCONDIDO. CA 92026	ESG	CONDIDO, CA 92026	
04/13/2010	L100	000040059	
Date of filing/registration in Florida	4.	Document number	
LIGHTSEY & ASSOCIATES, P.A.			
Registered Agent and Registered Office shown on the records of	of the Florida Dept	t, of State:	
2105 PARK AVENUE NORTH			
Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
WINTER PARK , I	FL_32789	2022 HOV 29	
ALTON L. LIGHTSEY		HOV 29 AM I	
Enter name of NEW Registered Agent and/or NEW Register	ed Office address	SE A TOE	
222 W COMSTOCK AVENUE		8: 22	
NEW Registered Office Address:	<u>,</u> _		
SUITE 200			
WINTER PARK	32789		
,1	FL	<del></del>	
limited liability company is not organized under the lege or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members riceles of organization or the operating agreement of the	he registered of liability compa s of the limited he limited liabil	fice and the business office of the registered iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
nature of a member or authorized representative of a member		Printed or typed name of signee	
eby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple bligations of my position as registered agent as provide the registered office address, ied this of this change.	te performance ded for in Chan	of my auties, and 1 am Jamiliar with and accepter 605. F.S. Or. if this document is being file	