

L13000056448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

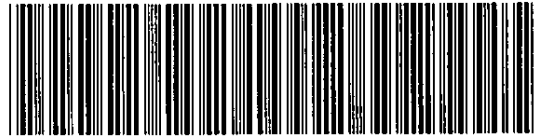
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700301361737

07/14/17--01017--023 **100.00

FILED
17 JUL 14 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUL 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICANA OF LAKE DRIVE LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHEN E. ANDERSON

Name of Person

AMERICANA OF LAKE DRIVE LLC

Firm/Company

PO Box 32284

Address

PALM BEACH GARDENS FL. 33420

City/State and Zip Code

SEAOP@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN E. ANDERSON

Name of Person

at (**516**) **667-1610**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: AMERICANA OF LAKE DRIVE LLC

2. (a) 124 MILLER WAY STE. #11
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) PO BOX 32284
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

LAKE PARK FLORIDA 33403

PALM BEACH GARDENS FLORIDA 33420

04/17/2013

L13000056448

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

STEPHEN E. ANDERSON

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

124 MILLER WAY STE. 11

LAKE PARK, FL 33403

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

132 MILLER WAY #8

LAKE PARK, FL 33403

FILED
17 JUL 14 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Stephen E. Anderson
Signature of a member or authorized representative of a member

STEPHEN E. ANDERSON

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Stephen E. Anderson
Signature of Registered Agent