# 5000 203 110

(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



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RECEIVED



### Sunshine State Corporate Compliance Company

#### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/7/2023	_				⇔WALK IN⇔
ENTITY NAME LAKE	HELEN POOL HOME	II, LLC			<u></u>
DOCUMENT NUMBER_		<del></del>	<del> </del>		<u>.</u> .
	**PLEASE FILE TY	HE ATTACH	ED AND RETUR	PN**	
xxxxxxx	Plain Copy				
	Certified Copy				
	Certificate of Status				
	TO LEADE DREAM THE	-	באס מעב אפטע	VE ENTITIVA*	<del></del>
	PLEASE OBTAIN THE P	OLLOWING	FUR THE ADUV	E ENITTY	
	Certified Copy of Arti	s & Amendme	rts		
	Certificate of Good St	tanding			
	**APOSTILLE' / I	NOTARIAL	CERTIFICATI	ON**	
COUNTRY OF DESTINA	TION				<del></del>
NUMBER OF CERTIFICA	ATES REQUESTED				
TOTAL OWED \$25	<u> </u>		ACCOUNT #	#: I2016000007	<b>'</b> 2
	<del></del>		-5,	8 F/10	
Please call Tina at i	the above number for	any issued	or concerns.	Thank you s	eo much!

#### COVER LETTER

	istration Section ision of Corporations					
SUBJECT:	LAKE HELEN POOL HOME H	, LLC.				
30031201.	Name of Limited Liability Company					
Dear Sir or I	Madam:					
The encloses	d Registered Agent/Registered (	Office Change and	fee(s) are submitted for filing.			
Please return	n all correspondence concerning	this matter to the	following:			
	Name of Person					
Harbor Com	pliance					
	Firm/Company		<del></del>			
1830 Colonia	al Village Lane					
	Address					
Lancaster, Pa	A 17601					
	City/State and Zip Coc	le	<del></del>			
E-mai	l address: (to be used for future	annual report notif	ication)			
For further i	information concerning this mat	iter, please call:				
P Bryson		717 at (	946-9467			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div P.C	illing Address: gistration Section rision of Corporations D. Box 6327 Iahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	closed is a check for the follow	ing amount:				
<b>a</b> 9	\$25 Filing Fee	□ s	55 Filing Fee & Certified Copy			
INHS18 (2/1	4)					

## 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. Na	ame of the limited liability company: LAKE HELEN I	POOL HO	OME II, LLC	•
2. (a)				
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	650 SOUTH LAKEVIEW		7335 Riv	er Road
	LAKE HELEN, FL 32744		Conestog	a. PA 17516
	12/04/2015		1.15000203	3110
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
. (47	Registered Agent and Registered Office shown on the records of MCFALL, DAN E	f the Floric	la Dept. of Sta	ate:
	Registered Office Address	ADDRES	<u>:S)</u>	_
	650 SOUTH LAKEVIEW			2023
	LAKE HELEN, F	L_32744		2023 DEC
(b)	Registered Agents Inc			: '
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	- FB 12:
				~;· ~>
	NEW Registered Office Address:			-
	7901 4th St N Ste 300			
				<del>_</del>
	St. Petersburg, F	L		<del></del>
change agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	iws of the register iability of the lin	red office a company, it mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
10	Beverly Standler ature of a member of a member	Be	verly Steudle	
	· ·			Printed or typed name of signee
provis the ob to mei	thy accept the appointment as registered agent and ag tions of all statutes relative to the proper and complete digations of my position as registered agent as provide vely reflect a change in the registered office address, I ed in writing of this change.	gree to ac e perforn ed for in hereby c	et in this cap nance of my Chapter 66 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
7	David Roberts			
Signati	ure of Registered Agent			