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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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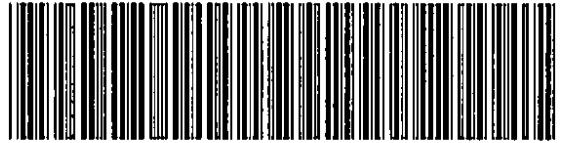
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE

AUG 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKE ROUSSEAU RESORT, 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:

Nicole Antonio

Name of Person

Wolfson & Associates

Firm/Company

2801 N. University Drive, Suite 306

Address

Coral Springs, FL 33065

City/State and Zip Code

nwolfson@wolfsonassociates.com

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

For further information concerning this matter, please call:

Nicole Antonio 954 341-6265 ext. 4
Name of Person at () Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FL

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**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: LAKE ROUSSEAU RESORT, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

12330 NW 71st St.

Parkland, Florida 33076

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

12717 W. Sunrise Blvd., PMB 268

Sunrise, FL 33323

07/06/2016

L16000124637

3. Date of filing/registration in Florida

4. Document number

5. (a) Victor J. Troiano

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

317 S. Tennessee Avenue

Lakeland, FL 33801

(b) Nicole Antonio

Enter name of NEW Registered Agent and/or NEW Registered Office address:

c/o Wolfson & Associates

NEW Registered Office Address:

2801 N. University Drive, Suite 306

Coral Springs, FL 33065

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.

Alexander G. Stewart
Signature of a member or authorized representative of a member

Alexander G. Stewart

Printed or typed name of signee

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.

Nicole Antonio
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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TALLAHASSEE, FL