## 1,0000002789

(Re	equestor's Name)	<u>.</u>
(Ad	ldress)	·
(Ac	ldress)	
(		
(Cr	ty/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
_		
(Bu	ısiness Entity Naı	me)
(Do	ocument Number	
(= -		
0 15 10 1	0 65	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
		i
		""

Office Use Only



400186372604

10/12/10--01039--009 \*\*35.00

Algho

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Emerald Lakes Co- Op, In.
DOCUMENT NUMBER: N 00000000000000000000000000000000000
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angelia L. Gordon
- Name of Contact 1 classifi
All About Mnagement, Inc.
206 South Elm Ave
Sanford Florida 32771 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angelia L. Gordon at (407) 088 7405  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Emerald Lalos Co-op, Inc.
2. The principal office address: 1401 Wast Highway # 50
Clermont, Florida 34711
3. The mailing address (if different): PO BOX 1569
Sanford, FL 32777
4. Date of incorporation/qualification: 10/1/20/0 Document number: N000000 2789
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Wean, Paul L
Collin & Colonial Daire
6. The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
All About Management, Inc
2000 S. S. Im Avenue.
P.O. Box NOT acceptable
Saltord, PC 32711
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer ordirector  Signature of an officer ordirector  Signature of an officer ordirector
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent    O   3   20   0     Daye
If signing on behalf of an entity:
MICELIA I CORNON
Typed as Bristed News

\* \* \* FILING FEE: \$35.00 \* \* \*