N 0000000 7417

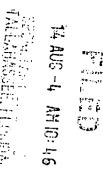
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AUG 1 4 2014 C. CARROTHERS

COVER LETTER

Amendment Section Division of Corporations

Friends of Lake Louisa State Park, Inc.

Name of Corporation

N00000007417

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:

Simon Cisneros

Name of Contact Person

Friends of Lake Louisa State Park, Inc.

Firm/Company

7305 US Hwy 27

Address

Clermont, FL 34714

City/State and Zip Code

Simonmcisneros@gmail.com

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

For further information concerning this matter, please call:

Christy V Conk

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

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organized in order to change its registered office or registered.	nized under the laws of the State of Florids	<u> </u>		
1. The name of the corporation: Friends of Lake L				
2. The principal office address: 7305 US Hwy 27 Clermont FI 34714		,		
4. Date of incorporation/qualification: 2000	Document number: N0000000	7417		–
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign	agent and registered office on file with the			
Rob Boggs: resigned from T	reasurer			
7305 US Hwy 27				
Clermont, FL 34714				
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office			
Simon Cisneros, Treasurer				
7305 US Hwy 27				
P.O. Box NO Clermont, FL 34714	T acceptable			
The street address of its registered office and the street as changed will be identical.	address of the business office of its regis	stered ages	nt,	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	d by its board of directors or by an officer tified in writing of the change.	r so		
	Christy V Conk			
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and agent. Or, if this abcoment is being filed merely to refinereby confirm that the corporation has been notified in	Printed or typed name and title ad agree to act in this capacity. utes relative to the proper and complete accept the obligation of my position as re lect a change in the registered office addi in writing of this change.	gistered ress, I		
	8/1/2014	<u>]</u>		
If signing on behalf of an entity:	Date	12 is	4- 904	*44
Typed or Printed Name				1 1
* * * FILING FE			AH IO:	A STATES
MAKE CHECKS PAYABLE TO FLO MAIL TO: DIVISION OF CORPORATIONS, P. CR2E045 (03/12)	ORIDA DEPARTMENT OF STATE O. BOX 6327, TALLAHASSEE, FL 32314		91:0	