N01000003122

(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Bu	siness Entity Nam	ıe)		
(Do	cument Number)			
Certified Conies	Certificates	of Status		
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Special Instructions to	Filing Officer			
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Office Use Only



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SECRETARY OF STATE

SECRETARY OF STA

R.A

TB 2-12-09

COVER LETTER ·

5 '					
SUBJECT: Pines West Homeowners Association, Inc. (Name of Corporation)					
DOCUMENT NUMBER	R: N01000003122	· · · · · · · · · · · · · · ·			
The enclosed Statement of	of Change of Registered Offic	ce/Agent a	nd fee are submitted for filing.		
Please return all correspo	ndence concerning this matte	er to the fo	llowing:		
	Kevi (Name of Co	in Marrs ontact Pers	on)		
	·		,		
	Lighthouse Pi (Firm/C	roperties company)	, Int., Inc.		
	645 Class	ic Ct. St	e 104		
	(Add	dress)			
Melbourne, FL 32940 (City/State and Zip Code)					
For further information c	oncerning this matter, please	-	40)		
Kev (Name of	rin Marrs Contact Person)	at ((A	321) 757-9609 rea Code & Daytime Telephone Number)		
. Enclosed is a \$35.00 chec	ck made payable to the Depar	rtment of S	State.		
I E	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

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

statement of cha	hange is submitted for a corporation organized under the laws of the State of FL	-
	der to change its registered office or registered agent, or both, in the State of Florida.	
	of the corporation: Pines West Homeowners Association, Inc.	
2. The principal	al office address:	
3. The mailing a	g address (if different): 645 Classic Ct. Ste 104	
Melbour	ırne, FL 32940	
4. Date of incor	orporation/qualification: Document number: N0100003122	
	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
	Resigned	
	TAIL	
	FEB.	
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office	, ל
	Lighthouse Properties International, Inc.	بر
	645 Classic Ct. Ste 104	
	(P.O. Box NOT acceptable)	
	Melbourne, FL 32940	
The street address changed will	dress of its registered office and the street address of the business office of its registered ager ill be identical.	nt,
Such change w authorized by t	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	V
Mac (Signal	nature of an officer or director) MARY Foster (Printed or typed name and title)	-
	pt the appointment as registered agent and agree to act in this capacity. The tocomply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if the proper and the proper and complete performance in the registered of the proper and complete performance in the registered of the proper and complete performance in the property of	ıce › his he
If signing on bo	behalf of an entity:	
	(Typed or Printed Name)	

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