N01338

The Lakes of Delray

15055 Lakes of Delray Boulevard, Delray Beach, Florida 33484

(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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SECRETARY OF STATE

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

statement of cha	nge is submitted for a corporation orga	502, 607.1508, or 617.1508, Florida Statutes, this unized under the laws of the State of Florida stered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Lakes of Delray, Inc).	·
		ray Blvd., Delray Beach, FL 33484	
3. The mailing a	ddress (if different): 15055 Lakes	of Delray Blvd., Delray Beach, FL 33484	
4. Date of incorp	poration/qualification: 02/09/1984	Document number: N01338	
	I street address of the current registered tment of State:	agent and registered office on file with the	
	David A. Core, St. John, Dicke	er & Caplan	
	500 Australian Avenue South,	So., Suite 600	
	West Palm Beach, FL 33401	ent (if changed) and /or registered office	11
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and /or registered office	TE
	Louis Caplan, Esquire, Sachs	8 Sax, P.A.	, (
	301 Yamato Road, Suite 4150		<u>.</u> د
	(P.O. Box NOT acceptable Boca Raton, FL 33431	ile)	
The street addre	ess of its registered office and the stree be identical.	et address of the business office of its registered agent,	
Such change wa	as authorized by resolution duly adopted board, or the corporation has been a	ted by its board of directors or by an officer so notified in writing of the change.	
Elu	an officer or director)	Edw AVI WPST PIES. (Printed or typed name and title)	
I further agrêe of my duties, an document is bei	the appointment as registered agent of comply with the provisions of all stand I am familiar with and accept the one filed merely to reflect a change in a been notified in writing of this change.	atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the	
		August 31, 2007	
	gnature of Registered Agent)	(Date)	
•	chalf of an entity:		
Louis Caplan,	Esquire Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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