(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	<del>&gt;</del> #)
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(В	usiness Entity Nam	ne)
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SEGRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

16

(Name of Corporation)	3
DOCUMENT NUMBER: N0400000700	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing	g.
Please return all correspondence concerning this matter to the following:	
Joseph R. Fields, Jr., Esq. (Name of Contact Person)	
(Name of Contact Person)	
Fields Law Offices, PLC (Firm/Company)	
Suite 306, 4512 N. Flagler Dr. (Address)	
West Palm Beach, FL 33407 (City/State and Zip Code)	
For further information concerning this matter, please call:	\
Joseph R. Fields, Jr., Esq. at ( 561 ) 832-5655 (Name of Contact Person) (Area Code & Daytime Telepho	one 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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2009

JOSEPH R. FIELDS, JR., ESQ. FIELDS LAW OFFICES, PLC 4512 N. FLAGLER DR., SUITE 306 WEST PALM BEACH, FL 33407

SUBJECT: LHI PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION,

INC.

Ref. Number: N04000000700

We have received your document for LHI PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 909A00002678

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None of R/A. Though

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

1

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: LHI Professional Center Condominium Association, Inc.  2. The principal of the corporation: 206, 4513 p. florator was polymerated by the condominium and the corporation.	
2. The principal office address: suite 306, 4512 n. flagler dr. west palm beach fl 33407	
3. The mailing address (if different):	_
4. Date of incorporation/qualification: 1/13/2004 Document number: N0400000700	
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)	
resigned Hillary Herrison F	
4512 N. Florier Dr	
WPB F1 33407	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  joseph r. fields, jr. esq.	OIVISION OF THE
Suite 306, 4512 n. flagler dr. west palm beach fl 33407  (P.O. Box NOT acceptable)	2000
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 or director)  (Printed or typed name and title)	
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)  (Date)	
If signing on behalf of an entity:	
joseph r. fields, jr. esq. (Typed or Printed Name)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)