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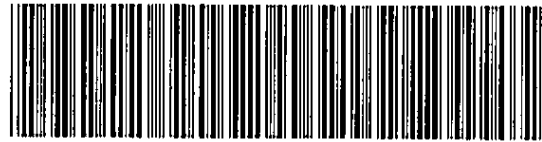
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Lakeview of St. Augustine Condominium Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N05000004073

The enclosed Statement of Change of Registered Office/Agent and fec are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Stephen A. Faustini

Name of Contact Person

Upchurch, Bailey & Upchurch, P.A.

Firm/Company

Post Office Drawer 3007

Address

St. Augustine, Florida 32084-3007

City/State and Zip Code

safaustini@ubulaw.com

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

For further information concerning this matter, please call:

Stephen A. Faustini

Name of Contact Person

at (904)

829-9066

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Lakeview of St. Augustine Condominium Association, Inc.
2. The principal office address: 172 Cordova Street  
St. Augustine, Florida 32084
3. The mailing address (if different): 99 King Street, # 3379, St. Augustine, Florida 32085
4. Date of incorporation/qualification: 04/20/05 Document number: N05000004073
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)

Jane E. Altenhofen

172 Cordova Street

St. Augustine, FL 32084

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Stephen A. Faustini

780 N. Ponce de Leon Blvd.

P.O. Box NOT acceptable

St. Augustine, FL 32084

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]  
Signature of an officer or director

THOMAS A. SMITH, PRESIDENT  
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]  
Signature of Registered Agent

October 11, 2021  
Date

If signing on behalf of an entity:

Stephen A. Faustini  
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 (04/13)