NO6 0000005476

(Re	questor's Name)	
(Ad-	dress)	
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PICK-UP	☐ WAIT	MAIL
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C. BRUMBLEY
DEC 13 2021

LAW OFFICES

MARTIN & MARTIN, P.A.

ROBERT C. MARTIN ROBERT C. MARTIN, JR 319 SOUTHEAST 14TH STREET FORT LAUDERDALE, FLORIDA 33316-1929

> FAX (954) 522-8610 -TELEPHONE (954) 524-5331

November 15, 2021

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Lakeside at Tamarac Condominium Association.

Inc./General/Change of Registered Agent

Dear Sir/Madam:

Enclosed please find the following:

- 1. Statement of Change of Registered Office/Agent: and
- 2. Our check in the sum of \$35.00 made payable to Department of State.

Please file this document and provide us with a file stamped copy of same.

Should you have any questions, please feel free to contact me.

Very truly yours,

MARTIN & MARTIN, P.A.

Robert C. Martin, Jr.

RCMjriskk enclosures ec: President

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the Stat	te of FLORIDA			
1. The name of t	the corporation: LAKESIDE AT TAMAR	RAC CONDOMINIUM ASSOCI	IATION, INC.			
	office address: 4209 Lakeside Drive, Tam					
3. The mailing a	ddress (if different): 319 S.E. 14th Street	, Ft. Lauderdale, FL 33316				
	Date of incorporation/qualification: 5/19/2006 Document number: N06000005476					
	I street address of the current registered a timent of State: (If resigned, enter resigned		ile with the			
	Moran and Associates, Inc.					
	12260 S.W. 8th Street, Suite 164			3		
	Miami, FL 33184		ed office	הר		
	Martin & Martin, P.A.		AM 10: 25 SSS. 34:	D		
	319 S.E. 14th Street		25	_		
		9				
	Ft. Lauderdale, FL 33316					
The street addre	ss of its registered office and the street be identical.	address of the business office	of its registere	d agent,		
	s authorized by resolution duly adopted board, or the corporation has been no					
(K)		Christopher W. McKinley, Pr	resident			
Signatur	e of an outcer or director	Printed or typed name	and title			
I further agree to of my duties, and document is beir	the appointment as registered agent an o comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th been notifiedin writing of this change.	utes relative to the proper and igation of my position as regise registered office address, T	d complete perj stered agent. (hereby confirm	formance Or, if this that the		
	4	11/12	/2)			
Sign	nature of Registered Agent	Date				
If signing on bel	nalf of an entity:					
Robert C	Most h'a Jr.					
Ту	ped or Printed Name					

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