•					
(Req	uestor's Name)				
(Addı	ress)				
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Doc	ument Number)				
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Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

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SECRETARY OF STATE

No



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: March 16, 2015

Order#: 537563/079

Re: LAKE CUMMINGS ESTATES HOMEOWNERS ASSOCIATION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	provisions of sections 607, ange is submitted for a corp or to change its registered o	poration organized	d under the la	ws of the State of <u>F</u>	=[
1. The name of	the corporation: LAKE CUI	MMINGS ESTATE	ES HOMEOW	NERS ASSOCIAT	rion, inc.
• •	office address:treet, Second Floor, Haine				
3. The mailing a	address (if different):				
4. Date of incorporation/qualification: 05/17/2006 Document number: N06000005500					005500
	d street address of the curre rtment of State: (If resigne		it and register	ed office on file wi	th the
	NRAI Services, Inc.				
	1200 South Pine Island F	Road			
	Plantation		FL	33324	
6. The name and (if changed):	d street address of the new	registered agent (i	if changed) an	nd /or registered off	<u> </u>
	Corporation Service Con	mpany	<u></u>	<u></u>	MAR I
	1201 Hays Street				TARY C
	Tallahassee	P.O. Box NOT acce	eptable FL	32301	PH 4: 1
				-	== 0
The street address changed will	ess of its registered office be identical.	and the street add	fress of the bu	isiness office of its	s registered agent,
Such change wanthorized by the	as authorized by resolution the board, or the corporation	n duly adopted by on has been notifie	its board of o	directors or by an of the change.	officer so
C	726 -	D	ona Priebe		Authorized Person
	are of an officer or director			ed or typed name and title	
performance of agent. Or, if the hereby confirm	the appointment as regist to comply with the provist my duties, and I am family his document is being filed that the corporation has on Service Company	liar with and acce I merely to reflect	pt the obtigat a change in t	tion of my position he registered offic	as regisierea
By: Dra	enature of Registered Agent		larch 16, 201	5	
Sig	nature of Registered Agent			Date	
If signing on be	ehalf of an entity:				
Grace E. Kirby	, Assistant VP				
i	'yped or Printed Name				

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