

May. 7. 2009 11:56AM
Division of Corporations

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NO6000011171

Florida Department of State
Division of Corporations
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To:

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From:

Account Name : INCORPORATING SERVICES FL
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Phone : (302) 531-0855
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09 MAY -7 PM 3:53
SECRETARY OF STATE
TALLAHASSEE FL 32312

REGISTERED AGENT CHANGE

LAGOMAR SHORES HOMEOWNERS ASSOCIATION, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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May 6, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAGOMAR SHORES HOMEOWNERS ASSOCIATION, INC.

20520 KEOKUK AVENUE
SUITE 200
LAKEVILLE, MN 55044US

SUBJECT: LAGOMAR SHORES HOMEOWNERS ASSOCIATION, INC.
REF: N06000011171

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct 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) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H09000114370
Letter Number: 109A00015408

RECEIVED
2009 MAY -7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

**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: LAGOMAR SHORES HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 1845 EAST HIGHWAY 50, SUITE 101
CLERMONT FL 34711
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/25/2006 Document number: N06000011171
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)

TOLLEFSON, ARVID

1845 EAST HIGHWAY 50, SUITE 101

CLERMONT FL 34711

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

INCORPORATING SERVICES, LTD.

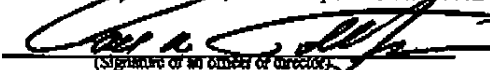
1540 GLENWAY DRIVE

(P.O. Box NOT acceptable)

TALLAHASSEE, FL 32301

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.

 CAROL R. TOLLEFSON - Director
(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.

Karen E. Elliott
(Signature of Registered Agent)

5/5/09

(Date)

If signing on behalf of an entity:

Karen E. Elliott, Assistant Secretary
(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
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