N07000004803

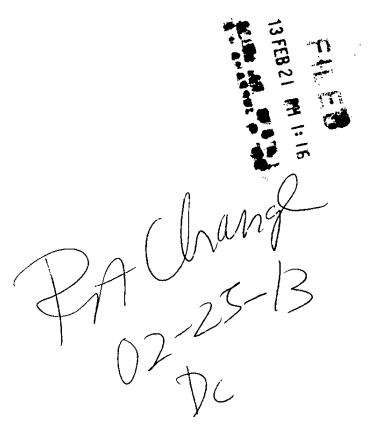
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COVER LETTER

TO: Amendment Section **Division of Corporations** Lakeside Business Center Condominium Owner's Association, Inc. **SUBJECT** Name of Corporation N07000004803 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Edward Ronsman, Esq. Name of Contact Person Jackson Law Group, LL.M., P.A. Firm/Company 100 Whetstone Place, Suite 101 Address St. Augustine, Florida 32086 City/State and Zip Code eronsman@jacksonlawgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sven Schroeder Name of Contact Person 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

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

statement of char	nge is submitted for a co	rporation organized	107.1508, or 617.1508, Fl I under the laws of the St I agent, or both, in the Sta	ate of Florida	
1. The name of the	he corporation: Lakesh	de Business Ce	nter Condominium C	Owner's Association	, Inc
2. The principal	040.0	ommerce Lake	Drive, Suite 102		
	St. Aug	justine, Florida			
3. The mailing a	ddress (if different): {S	ame as above	}		_
4. Date of incorp	poration/qualification:	05/14/2007	Document number:	N07000004803	,
	street address of the cur tment of State: (If resign		t and registered office on	file with the	
	Lakeside B.C	C. Condo Owne	er Association, Inc	.	
·	310 Com	merce Lake D	rive, Suite 102		
	St. A	ugustine, Florid	da 32095	&	
6. The name and (if changed):	street address of the new	w registered agent (i	f changed) and /or registe	ered offices FEB	T)
	Jacks	on Law Group,	, LL.M., P.A.		notres
	100 Whetstone Place, Suite 101				
	P.O. Box NOT acceptable St. Augustine, Florida 32086				
		<u> </u>	 		
The street address changed will	ss of its registered offic be identical.	e and the street add	ress of the business offic	e of its registered agent	,
Such change was authorized by the	s authorized by resoluti e board, or the corporat	on duly adopted by ion has been notifie	its board of directors or d in writing of the chang	by an officer so ge.	
lung	lace		Sven Schroede		
I hereby accept to a further agree to performance of agent. Or, if this hereby confirm to Sign	the appointment as region of comply with the proving duties, and I am fam is document is being file that the corporation has being of Registered Agent	stered agent and ag sions of all statutes iliar with and acce d merely to reflect i been notified in w	Printed or typed name aree to act in this capacity relative to the proper are the obligation of my partial change in the registered riting of this change. 2-18-13 Dete	tu	
lf signing on bel	nalf of an entity:				
	aw Group, LL.M.,	P.A.			
Ty	ped or Printed Name				

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