

NI 0000010091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

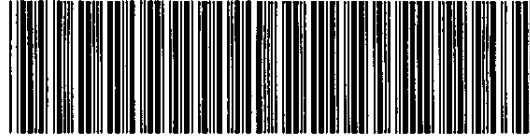
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 05 2016
C. CARROTHERS

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.

**LADY LAKE PROFESSIONAL PLAZA SUITES CONDOMINIUM
OWNERS ASSOCIATION, INC.**

1. The name of the corporation: LADY LAKE PROFESSIONAL PLAZA SUITES CONDOMINIUM OWNERS ASSOCIATION, INC.
2. The principal office address: 9622 WEDGEWOOD LANE, LEESBURG, FL 34788-3523
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/27/2010 Document number: N10000010091
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)

RESIGNED.

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

JOSEPH G. SAHAB

9622 WEDGEWOOD LANE, LEESBURG, FL 34788-3523

P.O. Box NOT acceptable

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

JOSEPH G. SAHAB, 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

07/22/2016 Date

If signing on behalf of an entity:

JOSEPH G. SAHAB

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 (03/12)

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