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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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COVER LETTER

TO: Amendment Section Division of Corporations
Lady Lake Professional Plaza Suites Condominium Ownwers Association, Inc.
SUBJECT: Name of Corporation
DOCUMENT NUMBER: N10000010091
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:
Regina Duffy Name of Contact Person
Village Tax & Accounting Solutions LLC
Firm/Company
918 Rolling Acres Plaza Suite 5
Address
Lady Lake, Florida 32159
City/State and Zip Code
villagetaxusa@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Regina Duffy Name of Contact Person Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
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 change is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of Florida red office or registered agent, or both, in the State of Florida.
_	Lake Professional Plaza Suites Condominium Owners Association, Inc
2. The principal office address: 918	Rolling Acres Road Suite 5 Lady Lake, FL 32159
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 Florida Department of State: (If resi	current registered agent and registered office on file with the igned, enter resigned)
Sahab, Joseph	ı G
9622 Wedgewe	ood Lane
Leesburg, FL 3	84788-3523 AE GRE T
	new registered agent (if changed) and for registered offices in the control of th
Duffy, Regina	
918 Rolling Ac	res Road Suite 5 P.O. Box NOT acceptable
Lady Lake, FL	r (0, 100 (acceptable)
The street address of its registered of as changed will be identical.	fice and the street address of the business office of its registered agent.
authorized by the board, or the corpo	ution duly adopted by its board of directors or by an officer so ration has been notified in writing of the change.
Agnature of an owner of lifector	Joseph Sahab Printed or typed name and title
Thereby accept the appointment as re I further agree to comply with the pre performance of my duties, and I am f- agent. Or, if this document is being f	egistered agent and agree to act in this capacity. ovisions of all statutes relative to the proper and complete amiliar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I has been notified in writing of this change.
Signature of Populared Agent	11/2/2017
If signing on behalf of an entity:	Date
Typed or Printed Name	

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