N10835

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to Filing Officer:		
	Office Use On	ıly



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COVER LETTER

TO:	Amendment Section
	Division of Corporation:

Players Place Lakeside Inc	
SUBJECT: Players Place Lakeside, Inc. Name of Corpo	oration
N10835 DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.

PO Box 453007

Address
Sunrise, FL 33345

City/State and Zip Code

ebe@espilaw.com

Please return all correspondence concerning this matter to the following:

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik B. Espinosa, Esq. at 954 530-7442

Name of Contact Person at October 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

Pursuant to the p	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
in order	nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
	he corporation: Players Place Lakeside, Inc.
	office address: C/O Players Place Lakeside
1	errary Blvd. Lauderhill, FL 33319
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 08/23/1985Document number: N10835
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Katzman Chandler
	1500 W. Cypress Creek Road Ste. 408
	Ft. Lauderdale, FL 33309
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	The Law Offices of Erik B. Espinosa, PA
950 S. Pine Island Road, Suite A-150	
	P.O. Box NOT acceptable Plantation, FL 33324
_	
	is of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by/the	puthorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
	MOISES OBANDO VICE PRESIDENT
Signification	Printed or typed name and life
I further agree to verformance of m agent. Or, if this hereby confirm th	he appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete It duties, and I am familiar with and accept the obligation of my position as registered Idocument is being filed merely to reflect a change in the registered office address. I The corporation has been notified in writing of this change.
26	7/26/2017
,	ture of Registered Agent Date
If signing on beha	·
Erik	B. Eypinesa
1317	* * * FH INC FFF: \$25.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)