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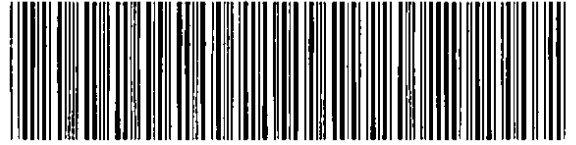
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAMPLIGHTER VILLAGE HOA INC.
Name of Corporation

DOCUMENT NUMBER: NO3000004706

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:

Camilla Sullivan
Name of Contact Person
LamPlighter Village HOA Inc.
Firm/Company

Address
289 WINDOVER CT, HERBOURNE, FL, 32904.
City/State and Zip Code
camillamarysullivan@yahoo.co.uk.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAMILLA SULLIVAN at (321) 482 7075.
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: LAMPQUITTER VILLAGE HOME OWNERS ASS, INC
2. The principal office address: 289 WINDOVER CT, MEMBOURNE
FLORIDA 32934 USA.
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 2nd JUNE 2003 Document number: 1030000004706
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)

CAROL TIMKO (DECEASED)
288 WINDOVER CT
MEMBOURNE, FLORIDA 32934.

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

Anderson, Givens & Fredericks, P.A.
1689 Mahan Center Blvd., Suite B
Tallahassee, FL 32308

P.O. Box NOT acceptable

SECRETARY
TALLAHASSEE

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FILED

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.

G. M. Sullivan
Signature of an officer or director

C. M. SULLIVAN
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

5/30/23
Date

If signing on behalf of an entity:

Jeremy Anderson
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