N11841

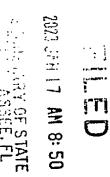
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Kevin L. Edwards Shareholder
Board Certified Specialist, Condominium and Planned Dévelopment Law
Phone: 941.953.7403 Fax: 941.907.0080 kedwards@ beckerlawyers.com

Becker

Becker & Poliakoff 1819 Main Street Suite 905 Sarasota, FL 34236

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January 12, 2023

Via U.S. Mail

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Change of Registered Agent for Laurel Hollow Condominium Association, Inc.

Document Number: N11841 Client/Matter No. L30569-413505

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above-referenced Association, along with a check in the amount of \$35.00 for the filing fee.

Should you have any questions, please feel free to contact me.

Sincerely,

KEVIN L. EDWARDS

ant huards

For the Firm

KLE/Iv Enclosures

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

statement of cha	inge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida $\mathfrak S$ n organized under the laws of the State of $_$ r registered agent, or both, in the State of F	Florida
1. The name of	the corporation: LAUREL HOLLO	DW CONDOMINIUM ASSOCIATION, INC.	<u> </u>
2. The principal	office address: 275 LAUREL HOL	LLOW DRIVE, NOKOMIS, FL 34275	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 10/31/1985	Document number: N11841	
	d street address of the current registement of State: (If resigned, enter	stered agent and registered office on file wiresigned)	ith the
	Kesmodel, Molly		_
	338 Laurel Hollow Dr.		20
	Nokomis, FL 34275		
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered of	fice HAS
	Becker & Poliakoff, P.A.		SEE S. A. B.
	1819 Main Street, Suite 905		严罗
P.O. Box NOT acceptable			
	Sarasota, FL 34236		_
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of it	s registered agent,
Such change w authorized by t	as authorized by resolution duly he board, or the corporation has b	adopted by its board of directors or by an been notified in writing of the change.	officer so
Signat	S. Harrison ve of an officer or director	Jill S. Warnson Printed or typed name and to	President
I further agree of my duties, ar document is be corporation ha	to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	gent and agree to act in this capacity. all statutes relative to the proper and con the obligation of my position as registere ge in the registered office address, I here change.	nplete performance d agent. Or, if this by confirm that the
Kam	Dwarf	12/1/22	
Sig	mature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Kevin L. Edward	ds, Esq.		
	vped or Printed Name	_	

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