

N120000006268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

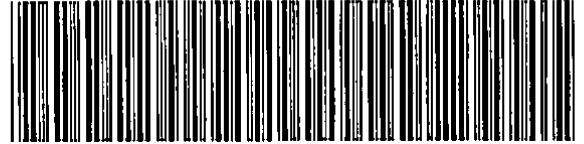
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M. MILLIGAN

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 26, 2019

HOLLAND & KNIGHT  
MICHAEL WIENER, PARTNER  
2115 HARDEN BLVD.  
LAKELAND, FL 33803

SUBJECT: LAKELAND POLICE FOUNDATION, INC.  
Ref. Number: N12000006268

To properly notify this office of a change in registered agent/office, the enclosed form must be completed and returned to this office along with the applicable filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 119A00001870

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check

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LAKELAND POLICE FOUNDATION, INC.  
Name of Corporation

DOCUMENT NUMBER: N12000006268

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:

Michael L. Wiener, Partner

Name of Contact Person

Holland & Knight LLP

Firm/Company

2115 Harden Blvd.

Address

Lakeland, FL 33803

City/State and Zip Code

Michael.wiener@hklaw.com

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

For further information concerning this matter, please call:

Michael L. Wiener

Name of Contact Person

at ( 863 ) 499-5362

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 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: Lakeland Police Foundation, Inc.  
2. The principal office address: 219 North Massachusetts Avenue  
Lakeland, FL 33801  
3. The mailing address (if different): Post Office Box 488, Lakeland, FL 33801

4. Date of incorporation/qualification: 06/25/2012 Document number: N12000006268

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: 01/22/2019) Roger A. Mallory, Esq.

219 North Massachusetts Avenue

Lakeland, FL 33801

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

Michael L. Wiener

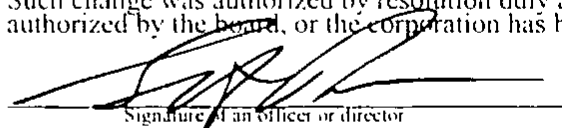
Holland & Knight LLP

P.O. Box NOT acceptable

2115 Harden Blvd., Lakeland, FL 33803

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 of an officer or director

Steve Pacheco, Chairman/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 of Registered Agent

February 12, 2019

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)