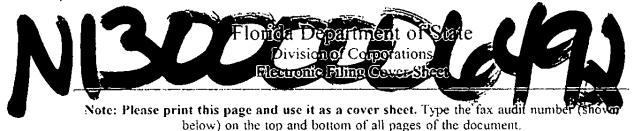
Division of Corporations



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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000009923

Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE LAKE PRESERVE HOMEOWNERS' ASSOCIATION, INC.

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SEP 1 1 2018

S. YOUNG

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Help

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

statement of cha	nge is submitted for a corpora	02, 617.0502, 607.1508, or 617.1508, Florida Stanutes, this ution organized under the laws of the State of Florida.
in orde	r to change its registered offic	ve or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: LAKE PRESE	RVE HOMEOWNERS' ASSOCIATION, INC.
2. The principal	office address: 10401 Deerwoo	RVE HOMEOWNERS' ASSOCIATION, INC. od Park Blvd Suite 2130 Jacksonville, FL 32255
3. The mailing a	ddress (if different):	
4. Date of incom	poration/qualification: 07/19/	2013Document number:N13000006492
	I street address of the current timent of State: (If resigned, e	registered agent and registered office on tile with the nter resigned)
	EVERGREEN LIFESTYLES	MANAGEMENT LLC 至约 3
	10401 DEERWOOD PARK B	LVD SUITE 2130 JACKSONVILLE, FL 32256
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /or registered office
	e/o C T Corporation System, 1	200 South Pine Island Road P.O Box NOT acceptable
	Plantation, Florida 33324	
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its registered agent,
		ily adopted by its board of directors or by an officer so as been notified in writing of the change.
<u>ک</u>	G. 100/3-	Lisa Dubois, Secretary
Signatu	ie of an officer or queezon,	Printed or typed name and title
I herchy accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registere to comply with the provisions my duties, and I am familiar is document is being filed me, that the corporation has been	d agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address. I n notified in writing of this change.
C.T. Corporation System By:		09/10/2018
Sign	nature of Registered Agent	Date
	half of an entity:	
Mike Jones, Assi	stant Secretary	
Ту	ped or Printed Name	-

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassef, FL 32314 CR2605 (03/12)