Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

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 EVE RESORT CONDOMINIUM OWNERS ASSOCIATION, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of th	ne corporation is: Lake F	Eve Resort Condo	minium Owners Associa	tion, Inc.	
	office address: 12388 IN				
ORLANDO I	FL 32821				
3. The mailing ac	Idress (if different): 496	60 Conference Wa	y North, Suite 100		
Boca Raton,	FL 33431			_	
4. Date of incorp	oration/qualification:	10/29/2013	Document Number:_	N130000	
 The name and Florida Depart 	street address of the cur iment of State:	rent registered ag	ent and registered office	on file with	the
_	CORPORATION SERVICE	COMPANY)
	1201 HAYS STREET				
·	TALLAHASSEE FL 3230	1	Vit changed and for sag	Ederad Alfie	
 Ine name and (if changed): 	street address of the nev	w registered agent	(if changed) and for reg		
(ii charges).	Corporate Creations Ne	twork Inc.			
	11380 Prosperity Farms	s Road #221E		=	
	(P.O Palm Beach Gardens F	Box Not acceptable)		· ;	5
Such change wa	d will be identical. us authorized by resolute board, or the corporation	on has been notifi-	by its board of directored in writing of the chan	ge.	officer sc
	are of an officer or director)		Alejandra Villegas, Attorney- (Printed or Typed n	ame and title)	
I further agree performance of a agent. Or, if the hereby confirm the hereby confirmation and the her	to comply with the pr my duties, and I am fam	ovisions of all s iliar with and acc ed merely to reflec	gree to act in this capact tatutes relative to the p ept the obligation of my is a change in the regist riting of this change.	proper and position as t ered office (:	registerea
If signing on bel	nalf of an entity:				
Alejandra Villeg	as, Special Secretary dor Printed Name)				
N	MAKE CHECKS (AJL TO: DIVISION OF C	payable to Flo Orporations, P	orida Department of O. Box 6327, Tallaha	STATE ASSEE, FL 3	2314
11380 Prosper	ations Intemat ional Ind ity Farms Road #2216 ardens FL 33410 7				