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CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I2000000195			
	REFERENCE	: 120000.0001.95 : 700557 23 284.61.475			
	AUTHORIZATION				
	COST LIMIT				
ORDER DATE :	October 15, 2024	<u> </u>			
ORDER TIME :	8:39 AM				
ORDER NO. :	700557-028				
CUSTOMER NO:	8461475				
	CHANGE OF A	<u>AGENT</u>			
NAME: LAKE EVE RESORT CONDOMINIUM OWNERS ASSOCIATION, INC.					
PLEASE RETURN	THE FOLLOWING AS	S PROOF OF FILING:			
CERTIFIED COPY X PLAIN STAMPED COPY					

EXAMINER:

CONTACT PERSON: Shauna Godbolt -- EXT#

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida State n organized under the laws of the State of <u>FU</u> r registered agent, or both, in the State of Flori	
1. The name of t	he corporation: LAKE EVE RESC	ORT CONDOMINIUM OWNERS ASSOCIATION	ON, INC.
2. The principal			
3. The mailing a	ddress (if different):		
		Document number: N130000098	314
	street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	ie
	CORPORATE CREATIONS NI	ETWORK, INC.	
	801 US HIGHWAY 1		
	NORTH PALM BEACH, FL 334	408	277
6. The name and (if changed):	Ç	red agent (if changed) and /or registered office	
	Corporation Service Company		.5
	1201 Hays Street		
	Tallahassee	PO Box NOT acceptable FL 32301	
The street addre	ss of its registered office and the be identical.	e street address of the business office of its reg	gistered agent.
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an offineen notified in writing of the change.	cer so
/s/Cynthia T	aylor	Cynthia Taylor S	ecretary
I hereby accept I further agree t of my duties, an document is bein corporation has	o comply with the provisions of d I am familiar with and accept in filed merely to reflect a chang been notified in writing of this of Service Company	Printed or typed name and title gent and agree to act in this capacity, all statutes relative to the proper and complet the obligation of my position as registered ag ge in the registered office address, I hereby co change. 09/27/2024	te performance ent. Or, if this oufirm that the
	nature of Registered Agent	Date	<u> </u>
If signing on bel	half of an entity:		
	Asst. Vice President ped or Printed Name	~ NC FFF: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314