

N1400003531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

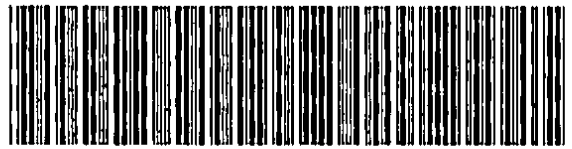
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18 MAR -5 AM 10:21
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STATE OF NEW YORK

R/A-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAKEWOOD RANCH DIGITAL PHOTOGRAPHY CLUB, INC.
Name of Corporation

DOCUMENT NUMBER: N14000003531

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:

JAMES EICKEN
Name of Contact Person

Firm/Company

6943 RIVEREDGE ST CIRCLE
Address

BRADENTON, FL 34202
City/State and Zip Code

TREASURER@LWRDPC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES EICKEN at (941) 526-6234
Name of Contact Person 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: LAKEWOOD RANCH DIGITAL PHOTOGRAPHY CLUB, INC.
2. The principal office address: LAKEWOOD RANCH TOWNHALL, 8175 LAKEWOOD RANCH BLVD, LAKEWOOD RANCH, FL 34202
3. The mailing address (if different): P.O. BOX 110273, LAKEWOOD RANCH, FL 34211
4. Date of incorporation/qualification: 4/10/14 Document number: N14000003531
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)

Todd D Kaplan Esq
8470 ENTERPRISE CIRCLE #201
LAKEWOOD RANCH, FL 34202

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

JAMES EICKEN
6943 RIVEREDGE ST CIRCLE
P.O. Box NOT acceptable
BRADENTON, FL 34202

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.

James H. Eicken
Signature of an officer or director

JAMES H EICKEN, TREASURER
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.

James H. Eicken
Signature of Registered Agent

2/27/18
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
CR2F045 (03/12)

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18 MAR -5 AM 10:21
DIVISION OF STATE
CORPORATIONS