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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| LAKESIDE WOODS HOMEOWNERS' ASSOCIATION, INC. | | | | | |
| SUBJECT:Name of Corporation | | | | | |
| DOCUMENT NUMBER: N14979 | | | | | |
| 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: | | | | | |
| Brie Hutchinson | | | | | |
| Name of Contact Person | | | | | |
| Trident Association Management | | | | | |
| Firm/Company | | | | | |
| 618 E. South Street STE 500 | | | | | |
| Address | | | | | |
| Orlando, Florida 32801 | | | | | |
| City/State and Zip Code | | | | | |
| Brie@TridentMgmt.com | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| E man dealers (co = 1 as y | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Brie Hutchinson Name of Contact Person Area Code & Daytime Telephone Number | | | | | |
| Name of Contact Person Area Code & Daytime Telephone Number | | | | | |
| Hame of Condet 1 closes | | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | |
| Mailing Address: Street Address: | | | | | |
| Amendment Section Amendment Section | | | | | |
| Division of Corporations Division of Corporations Cliffon Publing | | | | | |
| P.O. Box 6327 Clifton Building Tallabassee FL 32314 2661 Executive Center Circle | | | | | |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | |

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

| statement of cha | nge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Floric corganized under the laws of the State c cregistered agent, or both, in the State c | rrf Florida |
|---|---|---|-------------------------|
| 1. The name of t | he corporation: LAKESIDE Wo | OODS HOMEOWNERS' ASSOC | CIATION, INC. |
| 2. The principal | office address: C/O Trident A outh Street STE 500, Or | Association Management | |
| 3. The mailing a | ddress (if different): same | | |
| 4. Date of incoη | poration qualification: 11/04/19 | 998 Document number: N14 | 979 |
| 5. The name and | | stered agent and registered office on file | with the |
| | FERRARA, ELIZABETI | H D | _ |
| | 753 SOUTH RANGER | BOULEVARD | |
| | WINTER PARK, FL 32 | 792-4527 | _ s 2 |
| 6. The name and (if changed): | I street address of the new register | ed agent (if changed) and /or registered | A E |
| | Trident Association Ma | nagement Lic | · |
| | 618 E. South Street ST | | |
| | Orlando, Florida 32801 | Sox_NOT acceptable | |
| The street address changed will | ess of its registered office and the be identical. | street address of the business office o | f its registered agent, |
| Such change wa authorized by th | is authorized by resolution duly a ne board, or the corporation has b | dopted by its board of directors or by seen notified in writing of the change. | an officer so |
| B-1/2 | | Frank Fredryk HOA President | |
| Signatu | re of an officer or director | Printed or typed name and | I title |
| I nareny accept I further agree i performance of agent. Or, if the hereby confirm | the appointment as registered age to comply with the provisions of a my duties, and I am jamiliar with is document is being filed merely that the corporation has been not so welled by PDFfiller | ent and agree to act in this capacity, all statutes relative to the proper and contains accept the obligation of my posit to reflect a change in the registered of this change. | ion as revistered |
| | le Hulchinson | 5/22/2019 | |
| Sig | nature of Registered Agent | Date | |
| If signing on be Frank Fredryk HC | half of an entity: A President | | |
| T | sped or Printed Name | | |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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