

116134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

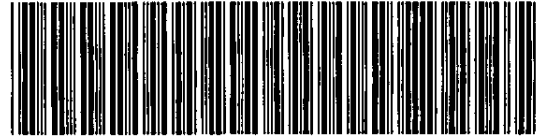
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2016 OCT 26 P 2:26

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T. LEMIEUX

OCT 27 2016

T. LEMIEUX

2016

ARC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lakeland Interstate Business Park Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N16134

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:

Barbara Deakin
Name of Contact Person

Deakin Property Services
Firm/Company

2909 W Bay to Bay Blvd, Ste 108
Address

Tampa, FL 33629
City/State and Zip Code

barbara@deakinproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randy Simmons at (813) 632-5551
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: Lakeland Interstate Business Park Association Inc.

2. The principal office address: c/o Deakin Property Services, 2909 W Bay to Bay Blvd, Ste 108, Tampa, FL 33629

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/30/1986 Document number: N16134

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)
Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
George Deakin, c/o Deakin Property Services
2909 W Bay to Bay Blvd, Ste 108
P.O. Box NOT acceptable
Tampa, FL 33629

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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.

Barbara Deakin
Signature of an officer or director

Barbara Deakin, Secretary
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.

[Signature]
Signature of Registered Agent

10/18/2016
Date

If signing on behalf of an entity:
George Deakin
Typed or Printed Name

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