116134

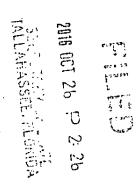
| (Re | questor's Name) | | |
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| PICK-UP | WAIT | MAIL | |
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| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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COVER 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

,,813 \,\632-555°

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

| statement of cha | nge is submitted for a corporation o | rganized under the laws of the State of Florida | |
|--|---|---|--|
| | | egistered agent, or both, in the State of Florida. | |
| 1. The name of t | he corporation: Lakeland Inter | state Business Park Association Inc. | |
| | office address <u>:</u> c/o Deakin Pro Tampa, FL 33629 | perty Services, 2909 W Bay to Bay Blvd, | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 7/30/1986 | Document number: N16134 | |
| | I street address of the current registe tment of State: (If resigned, enter re | red agent and registered office on file with the signed) | |
| | Resigned | | |
| | | | |
| | | | |
| | | | |
| 6. The name and (if changed): | I street address of the new registered | agent (if changed) and /or registered office | |
| | George Deakin, c/o Deak | in Property Services 33 23 | |
| | 2909 W Bay to Bay Blvd, Ste 108 | | |
| | | NOT acceptable | |
| | Tampa, FL 33629 | <u> </u> | |
| The street address changed will | ess of its registered office and the s be identical. | treet address of the business office of its registered agent, | |
| authorized by th | ie board, or the corporation has bee | opted by its board of directors or by an officer so notified in writing of the change. | |
| | era Alaken | Barbara Deakin, Secretary | |
| ū | re of an officer or director | Printed or typed name and title | |
| I hereby accept I further agree to performance of agent. Or, if the hereby confirm | the appointment as registered agesto comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notif | nt and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as registered preflect a change in the registered office address, I fied in writing of this change. | |
| M | Rahi | 10/18/2016 | |
| Sig | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| George De | akin | | |
| T | yped or Printed Name | | |

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