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R. WHITE
JAN 05 2018



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: LAKE MARIANA RESERVE HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

NOCUMENT NUMBER: N1700000319

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:

## PATTI FERRIS

Name of Contact Person

EVERGREEN LIFESTYLES MANAGEMENT LLC

Firm/Company

10401 DEERWOOD PARK BLVD, SUITE 2130

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

PFERRIS@EVERGREEN-LM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**PATTI FERRIS** 

,877 <u>,</u>221-6919

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	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: LAKE MARIANA RESERVE HOMEOWNERS ASSOCIATION, IN
	office address: 10401 DEERWOOD PARK BLVD, SUITE 2130 NVILLE, FL 32256
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 1/9/17 Document number: N1700000319
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	EDWARD H LADERER, JR
	1925 E EDGEWOOD DRIVE, SUITE 100
	LAKELAND, FL 33803
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	EVERGREEN LIFESTYLES MANAGEMENT LLC
	10401 DEERWOOD PARK BLVD #2130
	JACKSONVILLE, FL 32256
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
- W Signatu	Tre of another or director  William Printed or typed name and title
I jurtner agree t performance of agent. Or, if the	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
_ / At	anature of Registered Agent  Date
_	chalf of an entity:
	yped 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 \* \* \*