

N170000008755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

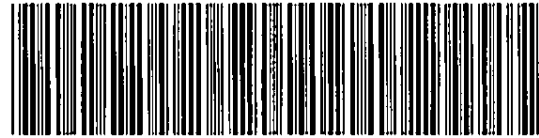
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600313754256

05/24/18--01011--008 **35.00

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 MAY 24 AM 10:46

MAY 29 2018

C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake County Disc Golf, Inc.
Name of Corporation

DOCUMENT NUMBER: N17000008755

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:

Ben Champion
Name of Contact Person

Lake County Disc Golf, Inc.
Firm/Company

1502 W Donnelly St #105
Address

Mount Dora FL 32757
City/State and Zip Code

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

For further information concerning this matter, please call:

Ben Champion at (407) 6874314
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 24 2017

**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: Lake county Dist Golf Fnc
2. The principal office address: 1502 N. Donnelly St #105
Mt Dora FL 32757
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/23/2017 Document number: N170000008755

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)

Charles B. Nazworth
247 Ryans Ridge Ave
Eustis FL 32726

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

Ben Champion
1502 N Donnelly St #105
P.O. Box NOT acceptable
Mt Dora FL 32757

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
28 MAY 26 AM 10:40

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.

Signature of an officer or director Joseph L. Runnels
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 of Registered Agent 5/21/18
Date

If signing on behalf of an entity:

Typed or Printed Name

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