Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001892363)))



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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845

**Enter the email address for this business entity to be used for future

: (614)573-3996

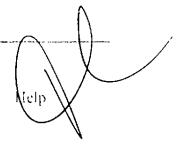
Address:					· <u></u>
	Address:	Address:	Address:	Address:	Address:

annual report mailings. Enter only one email address please. **

REGISTERED AGENT CHANGE SAGE LBK CONDOMINHUM ASSOCIATION, INC.

Certificate of Status	()
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu — Corporate Filing Menu



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

statement of cha	provisions of sections 607,0502, 617,050 mge is submitted for a corporation organ or to change its registered office or registe	ized under the laws of the State of \overline{YL}		_	
1. The name of t	the corporation: SAGE LBK CONDOMIN	RUM ASSOCIATION, INC.			
	office address: 398 NE 5th Street13th Floo			_	
3. The mailing a	iddress (if different):			_	
4. Date of incorp	poration/qualification: 11/02/2020	Document number: N200000123	338		
	f street address of the current registered a tment of State: (If resigned, enterresigne		the		
	PLOTKIN, LOWELL D. ESQ.				
	1441 BRICKELL AVE., STE. 1510				
	MIAMI, FL 33131				
6. The name and (ifchanged):	I street address of the new registered agen	u (if changed) and /or registered office	2023 MAY 23 AM SECULAHASSE		
		m _e æ			
	구 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기				
	P.O.Box Plantation, Florida 33324	NOTacceptable			
The street addre	ess of its registered office and the street obeidentical.	address of the business office of its re	egistered ager	ıl.	
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been not	by its hoard of directors or by an off itied in writing of the change.	ficer so		
Signatur Signatur	e of an officer or director	Jori Sawan, Assistant Secretary Printed or typed name and title			
Thereby accept if I further agree to If my duties, and locioment is bein corporation has	the appointment as registered agent and o comply with the provisions of all statu d I am familiar with and accept the obli- ng filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and comple eation of my nosition as registered a	ete performat gent. Or, if th confirm that t	ice his he	
C T Corporation	System Survey System	05/05/2023			
Sign	nture of Fegistered Agent	Date		-	
l'signing on bel	nalf of an entity:				
l'errie Bates, Assi	stant Secretary				
ťy	ped or Printed Name				
	* * * FILING FEI	E: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL 10: DEVISION OF CORPORATIONS, P.O. BOX 6327, TALEARASSEE, FL 32314
CR2E045 (04/13)

By: