N23000000502

Florida Department of State
Division of Corporations
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To:
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Account Number : FCA000000023
Phone : (614)280-3338
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE

LAKESPUR AT WELLEN PARK HOMEOWNERS ASSOCIATION, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$43.75

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A. BUTLER

NOV 30 2023

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 FL _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: LAKESPUR AT WELLEN PARK HOMEOWNERS ASSOCIATION, INC.

2. The principal office address: 19503 S. WEST VILLAGES PARKWAY #14
VENICE, FL 34293

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/20/2023 Document number: N23000000502

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)

STEARNS WEAVER MILLER WEISSLER ALHADEFF &SITTERSON, P.A.
C/O CHRISTIAN F. O'RYAN, ESQ., 401 EAST JACKSON ST, STE 2100
TAMPA, FL 33602

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

C T Corporation System
1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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.

Jori Sawan
Signature of an officer or director

Jori Sawan, 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.

By: C T Corporation System
Signature of Registered Agent

11/09/2023
Date

If signing on behalf of an entity:

Terrie Bates, Assistant Secretary
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)