N35898

(Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
(City.	/State/Zip/Phone #))	
PICK-UP	☐ WAIT	MAIL .	
(Bus	iness Entity Name)	1	
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to F	iling Officer:		

Office Use Only



400251012844

08/28/13--01003--021 **35.00

SECRETARY OF STATE
NIVISION OF CORPOSATION
13 AUG 28 PM 3: 45

SEP - 5 2813

T. BROWN

COVER LETTER

TO: Amendment Section **Division of Corporations**

Lighthouse Point Association of Longboat Key, Inc.

Name of Corporation

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:

Chad M. McClenathen, Esq.

Name of Contact Person

Chad M. McClenathen, P.A.

Firm/Company

783 S. Orange Avenue, Suite 210

Sarasota, FL 34236-4702

City/State and Zip Code

chad@mcclenathenlaw.com

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

For further information concerning this matter, please call:

Chad M. McClenathen, Esq at 941 552-1088

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, ange is submitted for a corporation organized under the laws of the State of Florida	this
	er to change its registered office or registered agent, or both, in the State of Florida. the corporation: Lighthouse Point Association of Longboat Key, In	.c
	l office address: 4134 Gulf of Mexico Drive, Suite 203	
	t Key, FL 3228	
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: 01/02/1990 Document number: N35898	
5. The name and	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Chad McClenathen, Esq.	
	1820 Ringling Boulevard	
	Sarasota, FL 34236	sec
6. The name and (if changed):	ad street address of the new registered agent (if changed) and /or registered office	ASION OF CO
	Chad McClenathen, Esq.	광 등등
	783 S. Orange Avenue, Suite #210	OF STATES. OR 3: 45
	P.O. Box NOT acceptable	on ϕ
	Sarasota, FL 34236-4702	
The street address changed will	ress of its registered office and the street address of the business office of its registed be identical.	ered agent,
Such change was authorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.	so
Signatu	ture of an officer or director Printed or typed name and title	
I further agree performance of	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete If my duties, and I am familiar with and accept the obligation of my position as reg It is document is being filed merely to reflect a change in the registered office addre It that the corporation has been notified in writing of this change.	istered 2ss. I
	8/26/13	
Sig	ignature of Registered Agent Date	
If signing on be	ehalf of an entity:	
T	Typed 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 * * *