N38W7

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i (R	equestor's Name)			
(Ad	ddress)			
(Ad	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations				
(c)				
SUBJECT: LAKE BONNET VILLAGE COOPERATIVE, INC.				
(Name of Corporation	n)			
DOCUMENT NUMBER: N38147				
The enclosed Statement of Change of Registered Office/Agent a	nd fee are submitted for filing.			
Please return all correspondence concerning this matter to the fo	llowing:			
SCOTT E. GORDON, ESQ.				
(Name of Contact Person)				
LUTZ DODO 6 TELEAID DA				
LUTZ, BOBO & TELFAIR, P.A. (Firm/Company)				
2 N. TAMIAMI TRAIL, SUITE 500				
(Address)				
SARASOTA, FL 34236				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
SCOTT E. GORDON, ESQ. at (94	41) 951-1800			
(Name of Contact Person) (A	41) 951-1800 rea Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section	Street Address:			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
· · · · · · · · · · · · · · · · · · ·	Tallahassee, FL 32301			

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 St 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 in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office.	LORIDA		-	
1. The name of the corporation: LAKE BONNET VILLAGE COOPERATIVE, INC.				
2. The principal office address: 2900 E. LAKE BONNET ROAD, AVON PARK, FL 33825-770	2			
3. The mailing address (if different):				
4. Date of incorporation/qualification: 05/11/1990 Document number: N38147				
5. The name and street address of the current registered agent and registered office on file with Florida Department of State:	i the or	070		
SCOTT E. GORDON, ESQ.	HAS	CT 2	<u> </u>	
240 S. PINEAPPLE AVENUE	RY C	25 A		
SARASOTA, FL 34236				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	ATE	24		
SCOTT E. GORDON, ESQ.				
2 N. TAMIAMI TRAIL, SUITE 500				
(P.O. Box NOT acceptable) SARASOTA, FL 34236				
The street address of its registered office and the street address of the business office of its as changed will be identical.			nt,	
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.	officer so	ł		
(Signatory of an officer or director) DALE SCHWEINHAGEN, PRES. (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 com of my duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hereb corporation has been notified in writing of this change.		formai Or, if t that t	nce his he	
(Signature of Registered Agent) (Date)				
(Signature of Registered Agent) (Date) If signing on behalf of an entity:			_	
LUTZ, BOBO & TELFAIR, P.A. (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 (8/05)

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