NU4576

(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:



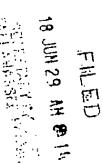


900315032219

06/25/18--81015--807 ★★35.80

S TALLENT JUL 05 2018





COVER LETTER

TO:

Amendment Section Division of Corporations



SUBJECT: Lakeside at Bonita Bay	
Name of Corporation	
DOCUMENT NUMBER: N44576	

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:

James O'Donnell	
Name of Contact Person	_
Vesta Property Services	
Firm/Company	_
27180 Bay Landing Drive, Suite 4	
Address	
Bonita Springs, FL 34135	
City/State and Zip Code	_
info@vestapropertyservices.com	/

For further information concerning this matter, please call:

James O'Donnell	_{at (} 239	947-4552
Name of Contact Person	Area Code &	2 Daytime Telephone Number

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

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	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Florida	
	<u> </u>	r registered agent, or both, in the State of Florida.	
1. The name of	the corporation: LAKESIDE AT	BONITA BAY ASSOCIATION, INC.	
2. The principal	office address: 27180 Bay La	anding Drive, Suite 4	
Bonita Sp	orings, FL 34135		
3. The mailing a	nddress (if different):		<u>_</u>
4. Date of incor	poration/qualification: 08/01/9	1 Document number: N44576	
	d street address of the current registerment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	Moore Property Manage	ement, LLC	
	5603 Naples Blvd		
	Naples, FL 34109		
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered office	FMLED
	Vesta Property Services	<u> </u>	U
	27180 Bay Landing Driv		
		Box NOT acceptable	
	Bonita Springs, FL 3413		
The street addre	ess of its registered office and the be identical.	street address of the business office of its registered agent	[,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.	
-	K Deon e of an officer or director	Frederick K Dean, President Printed or typed name and title	
I hereby accept I further agree to performance of agent. Or, if thi hereby confirm	the appointment as registered ag o comply with the provisions of a my duties, and I am familiar with s document is being filed merely that the corporation has been not	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I tified in writing of this change.	
- Alm		6-26-18	
If signing on bel	ature of Registered Agent	Date	
James O'Do	•		
	ped 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 * * *