1950000116

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Linden Place Lot Own Name of	ers Association, Inc. Corporation
DOCUMENT NUMBER: N9	500000116
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
·	
	el Yelton
Name of C	Contact Person
Rens	on's, Inc.
	Company
	nitehall Drive
A	301688
Fort Myer	s, FL 33907
City/State	and Zip Code
dracine@be	nsonsinc.com
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please	e call:
Dianne Racine	at (239) 277-0718
Name of Contact Person	at (239) 277-0718 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0. ange is submitted for a corpo er to change its registered off	oration organized	under the laws of the State	e of Florida
	the corporation: Linden F	<u> </u>		•
	office address: C/O Bens			
	s, FL 33907			
	address (if different):		•	
4. Date of incorp	poration/qualification:	1/10/1995	Document number:	N95000000116
	d street address of the current rtment of State: (If resigned,		and registered office on fi	le with the
	Bonita D. Vandall			
	12650 Whitehall Drive	9		
	Fort Myers, FL 3390	7		1000
6. The name and (if changed):	d street address of the new re	gistered agent (if	changed) and /or registere	
	Benson's, Inc.			平 第一
	12650 Whitehall Drive	P.O. Box NOT acce	ptable	
	Fort Myers, FL 33907	7	·	
The street address changed will	ess of its registered office and be identical.	nd the street addr	ess of the business office	of its registered agent,
Such change was authorized by the	as authorized by resolution to board, or the corporation	duly adopted by has been notifie	•	4 //)
/	to ovair or user of director	pros.	SAM CIVE Printed or typed name	and title
I further norge i	the appointment as registed to comply with the provision of I am familiar with and acting filed merely to reflect a seen notified in writing of	ne of all etatutee	relative to the proper and	i complete pertormance
Mi	that fellow		8-9-10	•
(Sig	nature of Registered Agent		Date	
If signing on be	half of an entity:			
	Michael Yelton yped or Printed Name			

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