

N95000001631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** La Gorce Village Neighborhood Assoc. Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N95000001631

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:

Thomas McInerney  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

6451 La Gorce Ct  
(Address)

Lake Worth, FL 33463  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tom McInerney at ( 561 ) 685-7788  
(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**

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: La Gorce Village Neighborhood Association, Inc.
2. The principal office address: c/o CAMS Plus, Inc.  
4524 Gun Club Rd #105, West Palm Beach FL 33415
3. The mailing address (if different): 6451 La Gorce Ct  
Lake Worth, FL 33463
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N95000001631
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
SKRLD, Inc  
201 Alhambra Circle Ste 110  
Miami, FL 33134

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

Tom McInerney  
6451 La Gorce Court  
(P.O. Box NOT acceptable)  
Lake Worth, FL 33463

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.

Thomas McInerney  
(Signature of an officer or director)

Tom McInerney  
(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.

[Signature]  
(Signature of Registered Agent)

8/17/06  
(Date)

If signing on behalf of an entity:

CAMS Plus, Inc. Kim Foote president  
(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

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