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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE THE LAKES OF NORTHWOOD HOMEOWNERS ASSOCIATION, INC.

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AUG 13 2019

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

in orc	ler to change its registered offi	cation organized under the laws of the State of Florida ice or registered agent, or both, in the State of Florida.		_	
1. The name of	f the corporation: THE LAKES	OF NORTHWOOD HOMEOWNERS ASSOCIATION, I	NC.		
2. The principa	al office address: 611 Destiny D	r Ruskin, F1. 33570		<del></del>	
3. The mailing	address (if different): PO Box	925 Ruskin, F1. 33575			
4. Date of inco	. Date of incorporation/qualification: Document number: N97000000297				
	nd street address of the current artment of State: (If resigned, o	registered agent and registered office on file with the enter resigned)			
	Law office of Clinton Paris				
	10014 Water Works Lane Riv	erview, FL 33578	E P	恋	
			至当	AUG	-1
6. The name a (if changed)		gistered agent (if changed) and /or registered office	Miki wa JiAle JASSEE, FLORIDA	12	ררי
	CT Corporation System		FLOR	£ €	•
	elo CT Corporation System,	1200 South Pine Island Road	M E E	£3	
	Plantation, Florida 33324	P.O Box NOT acceptable			
The street add	bress of its registered office an	d the street address of the business office of its regist	tered age	ent,	
-		tuly adopted by its board of directors or by an officer has been notified in writing of the change.	so		
Kisnbon	ly Baggett	Kimberly Baggett, Secretary			
Sign	ingle of an obliger or director	Printed or typed name and offe		_	
I formathier current	a to cominto with the recipicion	ed agent and agree to act in this capacity. is of all statutes relative to the proper and complete r with and accept the obligation of my position as reg erely to reflect a change in the registered office oddr on notified in writing of this change.	gistered uss, I		
	orporation System	07/16/2019			
	ignature of Registered Agent S. Assistant Secretary	Date	· <del></del>	-	
-	behalf of an entity:				
	wood Homeowners Association,	Inc			

\* \* \* FILING FEE: \$35,00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)