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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Lake Como Co-Op, Inc.

Name of Corporation

NOCUMENT NUMBER: N9700000553

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:

Jonathan James Damonte, Chartered

Name of Contact Person

Jonathan James Damonte, Chartered

Firm/Company

12110 Seminole Boulevard

Address

Largo, Florida 33778

City/State and Zip Code

jdamonte@damontelaw.com

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

For further information concerning this matter, please call:

Jonathan James Damonte at 727 586-2889

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

rursuant 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Lake Como Co-Op, Inc.
2. The principal office address: 20500 Cot Road, Lutz, FL 33558
3. The mailing address (if different): 20500 Cot Road, Lutz, FL 33558
4. Date of incorporation/qualification: 01/31/1997 Document number: N9700000553
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Sharon Davidson, CAM
20500 Cot Road
Lutz, FL 33558
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Jonathan James Damonte, Chartered
12110 Seminole Boulevard
P.O. Box NOT acceptable
Largo, FL 33778
The street address of its registered office and the street address of the business office of its registered agents 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 foaraf or the corporation has been notified in writing of the change.
My Signature of profiler or director Try Gould Printed or typed liaine and little
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 of Registered Agent Date
If signing on behalf of an entity:
Jonathan James Damonte 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 CR2E045 (03/12)