

N99000001606

(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:

Office Use Only



600272959006

06/02/15--01001--004 **70.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF REGISTRATION
15 JUN - 1 PM 3:33
NOT FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 Jun 1 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 01 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEXINGTON OAKS OFFICE COMPLEX ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N99000001606

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:

Tari A. Rossitto-Van Winkle

Name of Contact Person

Firm/Company

2438 Shady Rest Rd

Address

Havana, FL 32333

City/State and Zip Code

tarivan@aol.com

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

For further information concerning this matter, please call:

Tari A. Rossitto-Van Winkle at **850** **545-0205**

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

1. The name of the corporation: LEXINGTON OAKS OFFICE COMPLEX ASSOCIATION, INC.
2. The principal office address: 1546 Metropolitan Blvd. Ste. 2
Tallahassee FL 32308
3. The mailing address (if different): 2438 Shady Rest Rd.
Havana FL 32333
4. Date of incorporation/qualification: 3/15/1999 Document number: N99000001606

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)

FREDERICK C. JOHNSON
115 N. CALHOUN ST., SUITE 8
TALLAHASSEE, FL 32301

2015 June 1 AM 7:07
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Tari A. Rossitto-Van Winkle

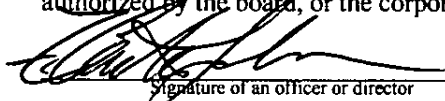
2438 Shady Rest Rd

P.O. Box NOT acceptable

Havana, FL 32333

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.


Signature of an officer or director

Frederick C. Johnson
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 of Registered Agent

6/1/15

Date

If signing on behalf of an entity:

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)