

Division of Corporations

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Division of Corporations
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To: Division of Corporations
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From: Account Name : ANDREW J. BRITTON, P.A.
Account Number : 115550000131
Phone : (941) 408-8008
Fax Number : (941) 408-0722

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

Email Address: Legal@AndrewBrittonLaw.com

REGISTERED AGENT CHANGE
HOUSE OF LORDS OF SOUTHWEST FLORIDA, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0302, 617.0302, 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: HOUSE OF LORDS OF SOUTHWEST FLORIDA INC.
 2. The principal office address: 803 S. TAMiami TRAIL, OSPREY, FL 34229

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/24/2000 Document number: P00000081485

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)

ROBERT J. HARRIS, DECEASED

803 S. TAMiami TR., OSPREY, FL 34229

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

DONNA-LEE RODEN, ESQ.

213 HARBOR DR. N.

P.O. Box NOT acceptable

VENICE, FL 34285

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.

Inge R. Smith
 Signature of an officer or director

INGE R. SMITH, DIRECTOR

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.

Donna Lee Roden
 Signature of Registered Agent

11/10/2020
 Date

If signing on behalf of an entity:

DONNA-LEE RODEN, ESQ.

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 (04/13)

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