# Division of Corporations 0000 269

## Florida Department of State

Division of Corporations Public Access System

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### REGISTERED AGENT CHANGE

LAKE BENEFITS INC.

| Certificate of Status | 1       |
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| Certified Copy        | 1       |
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#### TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

7

| SUBJECT: LAKE BENEFITS INC.  |   |            |  |  |
|--|---|------------|--|--|
| (Name of corporation)  |   |            |  |  |
| DOCUMENT   | NUMBER: P02000026935  |            |  |  |
| The enclosed S   | atement of Change of Registered Office/Agent and fee are submitted                  | for filing |  |  |
| Please return al   | correspondence concerning this matter to the following:                             |            |  |  |
| Alberto  | Interian, Esq. (Name of person)   |            |  |  |
| Lamont &   | Neiman, P.A.  |            |  |  |
|  | (Name of firm/company)  |            |  |  |
| One Bisc<br>Two Sout   | ayne Tower, Suite 3550<br>h Biscayne Boulevard                                      |            |  |  |
|  | (Address)   |            |  |  |
| Miami, E   | Torida 33131  |            |  |  |
|  | (City/state and zip code)   |            |  |  |
| For further info   | ormation concerning this matter, please call:                                       |            |  |  |
| Alberto In   | terian, Esq. at (305 ) 530-9400 (Name of person) (Area code & daytime telephone num | nber)      |  |  |
| Enclosed is a \$   | 35.00 check made payable to the Department of State.                                |            |  |  |
| Mailing Addr<br>Amendment So<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, Fr | ction Amendment Section  rporations Division of Corporations 409 E. Gaines Street   |            |  |  |

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CR2E045(07/02)

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

|  |   | ctions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, tted for a corporation organized under the laws of the State of  |
|--|---|--|
| Florid   |   | change its registered office or registered agent, or both, in the State  |
| of Florida.  |   |  |
| I. The name  | of the corporation:_  | LAKE BENEFITS INC.   |
| 2. The princip   | oal office address:   | 10352 Polo Lake Drive West   |
|  |   | Wellington, Florida 33414  |
| 3. The mailin  | g address (if differe   | nt): N/A .   |
| 4. Date of inc   | corporation/qualifica   | ntion: March 11, 2002 Document number: P02000026935  |
|  | partment of State:  | f the current registered agent and registered office on file with the  |
|  | 103   | 352 Polo Lake Drive West   |
|  |   | llington, Florida 33414  |
| 6. The name changed):  |   | of the new registered agent (if changed) and /or registered office fif ont & Neiman, P.A.  |
|  | One   | Biscayne Tower, Strite 3550  |
|  | Two   | South Biscayne Boulevard (@O. Box or personal mailbox NOT acceptable)  |
|  |   |  |
|  | Mia   | mi, Florida 33131  |
| The street ac  | ldress of its register<br>anged will be identic   | ed office and the street address of the business office of its registered -  |
| Such change<br>authorized b  | was authorized by the board, or the c   | resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change.  |
| (Signature of an o   | mider, chairman or vice chair   | man of the board)  Al Fonso Andrade President (France of typed name and title)   |
| I hereby acc<br>I further agr<br>performance<br>registered a<br>office addie | ept the appointmen<br>ree to comply with t<br>e of my duties, and i<br>fent Or, if this doc<br>is, I hereby confirm | t as registered agent and agree to act in this capacity. he provisions of all statutes relative to the proper and complete I am familiar with and accept the obligation of my position as cument is being filed merely to reflect a change in the registered that the corporation has been notified in writing of this change. |
| $-\sqrt{2}$  | (Signature of Registered A  | 1150st 8, 2002   |
| . 🔾  | chalf of an entity:   | Secretary  |
| Xan_S`   | Ne iman<br>(Typed or Printed Name)  |  |

\* \* \* FILING FEE: \$35.00 \* \* \*

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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