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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: LAKESIDE CENTER PS Name of Corporation	SL, INC.
DOCUMENT NUMBER: P03000117519	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Karen Block	
Name of Contact Person	
Firm/Company	
2810 E. Oakland Park Boulevard, #102	
Address	
Fort Lauderdale, FL 33306	
City/State and Zip Code	
Karen@jlcasepa.com	
E-mail address: (to be used for future annual	Treport notification)
For further information concerning this matter, p	please call:
Karen Block	at (954) 563-1000
Name of Contact Person	at () 563-1000 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327	rne Centre of Tananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of ch	ange is submitted for a corporation org	502, 607,1508, or 617,1508, Florida Statutes, to anized under the laws of the State of Florida stered agent, or both, in the State of Florida.	tus
1. The name of	the corporation: LAKESIDE CENTER	PSL, INC.	
2. The principa	d office address: c/o James L. Case Admi	nistrative Trust	
2810 E. Oaklan	d Park Blvd., #102, Fort Lauderdale, FL I	33306	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 10/21/2003	Document number: P03000117519	
	nd street address of the current registered artment of State: (If resigned, enter resigned)	I agent and registered office on file with the (ned)	
	Felipe U. Desouza		
	2810 East Oakland Park Blvd., Suite 10	2	
	Fort Lauderdale, FL 33306		~.3
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):			2029 JUN 30
	Charlotte A. Healy		00
	4400 N. Federal Highway, Suite 210-22	1	PH 2: 06
	PO	Box NOT acceptable	2: 0
	Boca Raton, FL 33431		9
The street add as changed wi	ress of its registered office and the stre If be identical.	et address of the business office of its register	ed agent.
Such change v authorized by	vas authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	ა
		Felipe U. Desouza, President	
>	ture of an officer or director	Printed or typed name and title	
Thereby accept further agree of my duties, a document is be corporation ha	of the appointment as registered agent to comply with the provisions of all si and I am familiar with and accept the o eing filed merely to reflect a change in as been notified in writing of this chang	and agree to act in this capacity. atutes relative to the proper and complete per bligation of my position as registered agent. the registered office address, I hereby confin ge.	rformance Or, if this n that the
	ette C dkaly Ignature of Registered Agent	6/17/2020 Date	
	/ pehalf 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 (04/13)