

P05 000 141716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

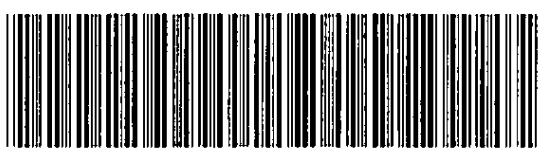
(Business Entity Name)

(Document Number)

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STATE OF ARIZONA
DEPARTMENT OF REVENUE

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lakeside Realty Windermere
Name of Corporation

DOCUMENT NUMBER: PO5000141716

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:

Kevin Sullivan
Name of Contact Person

Lakeside Realty Windermere Inc
Firm/Company

430 Main St.
Address

Windermere FL 34786
City/State and Zip Code

E-mail address: (to be used for future annual report notification)
KSullivan866@gmail.com

For further information concerning this matter, please call:

Kevin Sullivan at (321) 663-3457
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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

1. The name of the corporation: Lakeside Realty Windermere

2. The principal office address: 430 MAIN STREET Windermere FL 34786

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/12/05 Document number: PO5000141716

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)

Loren R Williams
903 Rosser Rd
Windermere FL 34786

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

Kevin Sullivan
1963 Maple Leaf Ct
P.O. Box NOT acceptable
Windermere FL 34786

20 JAN 16 PM 1:10
DIVISION OF CORPORATIONS

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, of the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Loren Williams
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]
Signature of Registered Agent

1-14-20
Date

If signing on behalf of an entity:

LAKESIDE REALTY WINDERMERE, INC
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)