

P050000154834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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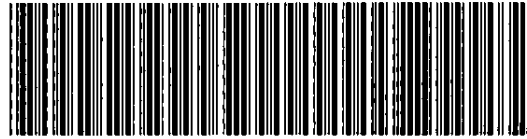
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
11 JAN -6 PM 3:47

RALPH
@ 1/6/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lakeshore Resort of Lake Placid, Inc.
Name of Corporation

DOCUMENT NUMBER: P05000154834

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:

Cheryl Brantley Davis
Name of Contact Person

Lakeshore Resort of Lake Placid, Inc.
Firm/Company

417 E. Interlake Blvd.
Address

Lake Placid, FL 33852
City/State and Zip Code

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

For further information concerning this matter, please call:

Cheryl Brantley Davis at (863) 465-0881
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2010

CHERYL BRANTLEY DAVIS
LAKESHORE RESORT OF LAKE PLACID, INC.
417 E. INTERLAKE BLVD.
LAKE PLACID, FL 33852

SUBJECT: LAKESHORE RESORT OF LAKE PLACID, INC.
Ref. Number: P05000154834

We have received your document for LAKESHORE RESORT OF LAKE PLACID, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 910A00029534

RECEIVED
11 JAN -6 AM 11:55
SECRETARY OF STATE
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lakeshore Resort of Lake Placid, Inc.
2. The principal office address: 417 E. Interlake Blvd., Lake Placid, FL 33852
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/22/2005 Document number: P05000154834

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)

William K. Brantley II

417 E. Interlake Blvd.

Lake Placid, FL 33852

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

Cheryl Brantley Davis

417 E. Interlake Blvd.

P.O. Box NOT acceptable

Lake Placid, FL 33852

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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.

William K. Brantley II
Signature of an officer or director

William K. Brantley II President
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.

Cheryl Brantley Davis
Signature of Registered Agent

December 29, 2010
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 (8/05)