4/30/2020

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

Email Address:_____

REGISTERED AGENT CHANGE LAKES ENGINEERING, INC.

Certificate of Status	0
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Page Count	02
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: LAKES ENGINEERING, INC. of Corporation	
DOC	UMENT NUMBER: P13000020676	
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	ereturn all correspondence concerning this	s matter to the following:
Name	of Contact Person	
Firm/0	Company	
Addre	ess	
City/S	State and Zip Code	
	Compliancemail@eseglobal.	
E-ma	il address: (to be used for future annua	l report notification)
For fu	urther information concerning this matter, p	please call:
	Name of Contact Person	at () Area Code & Daytime Telephone Number
	ivalle of Confact Ferson	Adea Code & Daytime Telephone (Willoci
Enclo	sed is a \$35.00 cheek 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	141141435CC, FL 32314	Tallahassee, FL 32303

CR2E045 (04/13)

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida Sta organized under the laws of the State of Fl registered agent, or both, in the State of Flo	lorida
1. The name of	the corporation: LAKES ENGINEER	RING, INC.	
	office address: 4870 S.W. 72ND A		
•	address (if different):		
4. Date of incor	poration/qualification: 03/04/2013	Document number: P1300002	<u>20676</u>
	d street address of the current register friment of State: (If resigned, enter re	cred agent and registered office on file with esigned)	ı the
	KAMILAR, MARK A, ESQ.		
	2921 SW 27TH AVENUE		- 1
	COCONUT GROVE, FL 33133		2020 A SECR
6. The name an (if changed):		d agent (if changed) and /or registered offic	2020 APR 30 / SECRLLATINE FALL AHASSFE
	Corporation Service Company		
	1201 Hays Street		02.17 02.17 03.28
P.O. Box 1		O. Box NOT acceptable	±π, σ
	Tallahassee	FL 32301	
The street addr as changed wil	ress of its registered office and the s l be identical.	street address of the business office of its	registered agent,
Such change wanthorized by t	as authorized by resolution duly ac the board, or the corporation has be	lopted by its board of directors or by an o en notified in writing of the change.	fficer so
de	7	Jorge A. Gross, Jr.	Chairman
I hereby accept I further agree of my duties, a document is be corporation ha	tee of an other or director If the appointment as registered age to comply with the provisions of al and I am familiar with and accept th sing filed merely to reflect a change as been notified in writing of this ch on Service Company	Finited or typed mane and title ent and agree to act in this capacity. Il statutes relative to the proper and comple obligation of my position as registered in the registered office address. I hereby ange.	
	gnature of Registered Agent	04/29/2020	
Sı	grature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Amanda Robi	nson, Asst. Vice President		
1	Typed or Printed Name		
	* * * FILIN	G FEE: \$35.00 ^ ^ ^	
N		o Florida Department of State ns, P.O. Bon 6327, Tallahassee, FL 32	2314