

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001448093)))



H200001448093ABC

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081
Phone: (307)200-2803
Fax Number: (855)330-1010

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

Email Address:		
LIIIAII MUUICSS.		

## REGISTERED AGENT CHANGE SQUARE LAKE INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

C RIMMONS

MAY 1 8 2020

Electronic Filing Menu

Corporate Filing Menu

Help

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

	•	$92,617.0502,607.\widetilde{P5}08,or617.1508,FloridaS$ ation organized under the laws of the State of $\underline{F}$		
in orde	er to change its registered offic	e or registered agent, or both, in the State of F	lorida.	
I. The name of	the corporation: Square Lake	Inc.		
2. The principal	office address: 6836 ADRIAN	O DRIVE BOYNTON BEACH, FL 33437	·	
3. The mailing a	address (if different): 6836 ADF	RIANO DRIVE BOYNTON BEACH, FL 33437		
4. Date of incor	poration/qualification: 11/14/	Document number: P160000	91051	
	d street address of the current in the current in the street address of the street address of the current in the street address of the	registered agent and registered office on file winter resigned)	th the	
	UNITED STATES CORPOR	ATION AGENTS, INC.		
5575 S. SEMORAN BLVD SUITE 36			20	
	ORLANDO, FL 32822		2020 MAY	
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and for registered off	<del></del>	
	Registered Agents I	nc.	· · · · · · · · · · · · · · · · · · ·	محم
	7901 4th St N STE 300		当	
		P.O. Box NOT acceptable		
	St. Petersburg FL 33	3702		
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its	registered agen	it.
Such change was authorized by the	as authorized by resolution du he board, or the corporation h	aly adopted by its board of directors or by an eas been notified in writing of the change.	officer so	
KATHLE	EN FINK	Kathleen Fink		
I hereby accept I further agree performance of agent. Or, if th	to comply with the provisions my duties, and I am familiar is document is beiny filed me	Printed or typed name and title d agent and agree to act in this capacity. of all statutes relative to the proper and comp with and accept the obligation of my position rely to reflect a change in the registered office a notified in writing of this change.	plete as registered	
Bel Hame		05/15/2020		
Sig	mature of Registered Agent	Date	<b></b>	
If signing on be	chalf of an entity:			
Bill Havre		<u>.                                    </u>		
Т	yped or Printed Name			

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

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