

P180000071685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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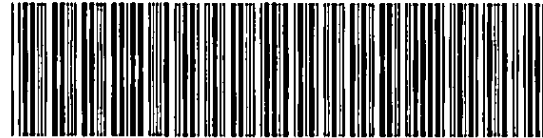
(Business Entity Name)

(Document Number)

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DEC 05 2018

S. YOUNG

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 5030 Pine Lake Inc  
Name of Corporation

**DOCUMENT NUMBER:** P18000071685

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:

Michael Chancey  
Name of Contact Person

Firm/Company  
3310 W Cypress Street suite 207  
Address

Tampa, FL 33607  
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Chancey at ( 813 ) 758-0634  
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

• • 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: 5030 PINE LAKE INC  
2. The principal office address: 3310 W CYPRESS ST  
SUITE 207 TAMPA, FL 33607  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/21/2018 Document number: P18000071685

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)

WOLF, MATTHEW D

9016 EGRET COVE CIRCLE 106-364

RIVERVIEW, FL 33578

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

Michael Chancey

3310 W Cypress Street suite 207 Tampa FL 33607

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

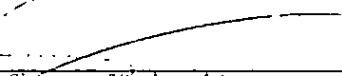
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

Michael Chancey Sec.  
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 of Registered Agent

11/19/18  
Date

If signing on behalf of an entity:

MATT WOLF  
Typed or Printed Name

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