## P93000041685

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DEPARTMENT OF STATE OF STAT





ACCOUNT NO. : 072100000032  REFERENCE : 919800 7576516  AUTHORIZATION :					
COST LIMIT : \$ 35.00					
ORDER DATE: May 25, 2007					
ORDER TIME : 12:03 PM					
ORDER NO. : 919800-285					
CUSTOMER NO: 7576516					
CHANGE OF AGENT					
NAME: LAKE PLACID UTILITIES, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY  XX PLAIN STAMPED COPY					
CONTACT PERSON: Susie Knight EXT# 2956					
EXAMINER:					

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

statement of ch	nange is submitted for a corporation of	7.0302, 607.1308, or 617.1308, Florida $^{\circ}$ organized under the laws of the State of $^{\circ}$ registered agent, or both, in the State of F	Florida	
1. The name of	f the corporation: LAKE PLACID UT	TLITIES, INC.		
2. The principa	al office address: 200 Weathersfield A	Avenue, Altamonte Springs, FL 32714		
3. The mailing	address (if different): 2335 Sanders F	Road, Northbrook, IL 60062		
4. Date of inco	rporation/qualification: June 14, 1993	Document number: P930000	)41685	
	nd street address of the current registe artment of State:	ered agent and registered office on file wi	ith the	
	C T Corporation System		_	
	1200 South Pine Island Road		. 2	
	Plantation, FL 33324		TAFFER TO	
6. The name at (if changed)	nd street address of the new registered	d agent (if changed) and /or registered off	FILED 2001 HAY 30 PM 5: SECRETARY OF STALLAHASSEE, FLO	
	Corporation Service Company		F ST F ST	
	1201 Hays Street		15 15	
(P.O. Box NOT acceptable)				
	Tallahassee, FL 32301		<del></del>	
The street add as changed wi	lress of its registered office and the ill be identical.	street address of the business office of i	ts registered agent,	
Such change authorized by	was authorized by resolution duly act the board, or the corporation has be	dopted by its board of directors or by ar een notified in writing of the change.	n officer so	
(Sign	abors of an officer or director)	JOHN STOKEL 1913 (Printed or typed name and	SECRETARY Title)	
I furthér agré of my duties, d document is b corporation h	pt the appointment as registered age to comply with the provisions of a and I am familiar with and accept the eing filed merely to reflect a change as been notified in writing of this ch on Service Company	ent and agree to act in this capacity. Il statutes relative to the proper and co he obligation of my position as registere e in the registered office address, I here hange.	mplete performance ed agent. Or, if this by confirm that the	
By: So	Algnature of Regottered Agent)	5-29-0 (Date)	7	
If signing on	behalf of an entity:	, ,		
Sylvia Queppe				
	(Typed or Printed Name)			

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