300 E. MAIN S TAVARES, FL				
Current Mai	ling Address:			
PO BOX 709 MOUNT DO	) RA, FL 32756 US			
FEI Number: 20-3798035			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
BERRY, J. SCO 300 E. MAIN S TAVARES, FL	r			
The above name	d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Fl	orida.
SIGNATURE	: J. SCOTT BERRY			06/10/2020
SIGNATURE	Electronic Signature of Registered Agent			06/10/2020 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	VP	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	VP COLBY, DAVID	
<b>Officer/Dire</b> Title	Electronic Signature of Registered Agent ctor Detail : PRESIDENT			
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent ctor Detail : PRESIDENT MOORE, SANDI	Name	COLBY, DAVID 300 E MAIN ST	
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT MOORE, SANDI 300 E. MAIN ST	Name Address	COLBY, DAVID 300 E MAIN ST	
<b>Officer/Dire</b> Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PRESIDENT MOORE, SANDI 300 E. MAIN ST TAVARES FL 32778	Name Address	COLBY, DAVID 300 E MAIN ST	
<b>Officer/Dire</b> Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PRESIDENT MOORE, SANDI 300 E. MAIN ST TAVARES FL 32778 TREASURER, SECRETARY	Name Address	COLBY, DAVID 300 E MAIN ST	
Officer/Dire Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent ctor Detail : PRESIDENT MOORE, SANDI 300 E. MAIN ST TAVARES FL 32778 TREASURER, SECRETARY BERRY, J SCOTT	Name Address	COLBY, DAVID 300 E MAIN ST	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: J. SCOTT BERRY

SECRETARY

06/10/2020

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N05000011383

Entity Name: CHAMBER ALLIANCE OF LAKE COUNTY, INC.

## Current Principal Place of Business:

FILED Jun 10, 2020 Secretary of State 7095037206CC

Date