

394051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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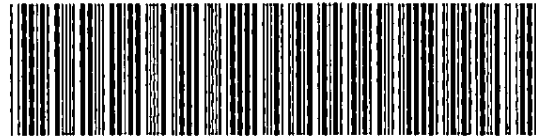
(Business Entity Name)

(Document Number)

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JAN 29 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LOWRY RESEARCH CORPORATION  
Name of Corporation

DOCUMENT NUMBER: 394051

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:

JOFFRE C. LEFEVRE  
Name of Contact Person

LOWRY RESEARCH CORP.  
Firm/Company

11300 U.S. HIGHWAY ONE, SUITE 400  
Address

PALM BEACH GARDENS, FL 33408  
City/State and Zip Code

JCLEFEVRE@LOWRYRESEARCH.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOFFRE LEFEVRE at ( 561 ) 972-1901  
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LOWRY RESEARCH CORPORATION

2. The principal office address: 11300 U.S. HIGHWAY ONE, SUITE 400  
PALM BEACH GARDENS, FL 33408

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1/14/1972 Document number: 394051

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)

MARY LOUISE DESMOND (RESIGNED)

11300 U.S. HIGHWAY ONE, SUITE 400

PALM BEACH GARDENS, FL 33408

DEPT. OF STATE  
TALLAHASSEE, FL

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

JOFFRE C. LEFEVRE

11300 U.S. HIGHWAY ONE, SUITE 400

P.O. Box NOT acceptable

PALM BEACH GARDENS, FL 33408

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]  
Signature of an officer or director

JOFFRE C. LEFEVRE, PRESIDENT  
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]  
Signature of Registered Agent

1/18/2019  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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