

P01000098191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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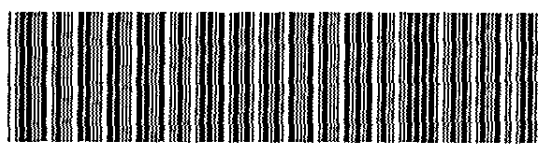
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION  
2004 APR - 8 AM 11:39

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Land Safe Investments, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** PD 10000 98191

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:

Tessa Spence  
(Name of person)

Land Safe Investments  
(Name of firm/company)

P.O. Box 5838  
(Address)

Deltona, FL 32725  
(City/state and zip code)

For further information concerning this matter, please call:

Carol McFarlane at (386) 532-3993  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 11, 2004

Tessa Spence  
% LAND SAFE INVESTMENTS, INC.  
Post Office Box 5838  
Deltona, FL 32725

SUBJECT: LAND SAFE INVESTMENTS, INC.  
Ref. Number: P01000098191

*file*

We have received your document for LAND SAFE INVESTMENTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the address for the new registered agent. A post office address is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6910.

Louise Flemming-Jackson  
Document Specialist Supervisor

Letter Number: 204A00009393

**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: Land Safe Investments, Inc.
- 2. The principal office address: P.O. Box 5838  
Deltona, FL 32725
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 10/09/2001 Document number: Pa10000 98191

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

John A Porta  
P.O. Box 5838  
Deltona, FL 32725

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

Tessa Spence  
3343 Red Fox Drive  
(P.O. Box or personal mailbox NOT acceptable)  
Deltona, FL 32725

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)

John A. Porta, 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)

1-29-04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314