P03000118136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300082630863

12/22/06--01031--012 **35.00

FILED
07 JAN -8 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA-Add
Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Loxley Inc
(Name of Corporation)

DOCUMENT NUMBER: P03000118136

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:

Alan Rutter
(Name of Contact Person)

Loxley Inc
(Firm/Company)

1718 Keyway Road
(Address)

Englewood, FL 34223
(City/State and Zip Code)

For further information concerning this matter, please call:

Alan Rutter (Name of Contact Person) at (941) 204-5172 (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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2006

ALAN RUTTER
LOXLEY INC
1718 KEYWAY ROAD
ENGLEWOOD, FL 34223

SUBJECT: LOXLEY, INC.
Ref. Number: P03000118136

We have received your document for LOXLEY, INC. and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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) 245-6908.

Sylvia Gilbert
Document Specialist

Letter Number: 706A00073075

Signed
Sylvia

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: Loxley Inc
2. The principal office address: 2733 unit A, Tamiami Trail, Port Charlotte, FL 33952
3. The mailing address (if different):
4. Date of incorporation/qualification: January 24, 2005 Document number: P03000118136
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

2733 unit A, Tamiami Trail

Port Charlotte, FL 33952

FILED
07 JAN -8 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1718 Keyway Road

Englewood, FL 34223

(P.O. Box NOT acceptable)

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) Alan Rutter (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) December 18, 2006 (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

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

CR2E045 (8/05)