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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HAL M. LUCAS P.A.
Name of Corporation

DOCUMENT NUMBER: P11000016052

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:

Hal M. Lucas
Name of Contact Person

HAL M. LUCAS P.A.
Firm/Company

169 East Flagler Street, Suite 1534
Address

Miami, Florida 33131
City/State and Zip Code

hlucas@hmllegal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hal M. Lucas at (305) 372-5600
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

