

251278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

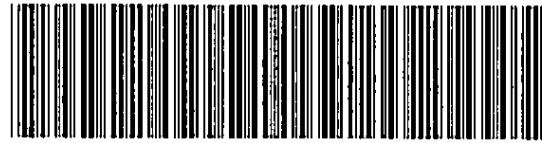
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2019 MAY 28 PM 12:47
FALL ANNUAL FILING

FILED

MAY 31 2019
T. LEMMON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: L'ABRI Corporation
Name of Corporation

DOCUMENT NUMBER: 251278

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:

Richard Straughn
Name of Contact Person

Straughn & Turner PA
Firm/Company

255 Magnolia Ave SW
Address

Winter Haven, FL 33880
City/State and Zip Code

Rstraughn@straughnturner.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Straughn at (863) 293-1184
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

RECEIVED
2019 APR 29 PM 3:33
TALLAHASSEE, FL
SECTION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2019

RICHARD STRAUGHN
255 MAGNOLIA AVE SW
WINTER HAVEN, FL 33880

SUBJECT: L'ABRI CORPORATION
Ref. Number: 251278

We have received your document for L'ABRI CORPORATION, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 119A00009473

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2019 MAY 23 PM 12:03

SEAL
FALL 2019

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: L'Abci Corporation
2. The principal office address: c/o Mountain Lake Corporation
2300 NORTH SCENIC HWY., Lake Wales, FL. 33898
3. The mailing address (if different): PO Box 832
Lake Wales, FL. 33859-0832
4. Date of incorporation/qualification: 9/16/1961 Document number: 251278
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)

MARTIN, ROBERT E
Mountain Lake Corporation
2300 N. SCENIC HWY., Lake Wales, FL. 33898 (resigned)

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

Richard Straughn, Straughn
255 Magnolia Ave SW
Winter Haven, FL. 33880

2019 MAY 28 P 12 47
FILED
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.

Olive W. Geehr
Signature of an officer or director

Olive W. Geehr
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

4/25/19
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