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Or Wing

MICHAEL L. BREWER

Attorney at Law 500 Canal Street, New Smyrna Beach, Florida 32168 (386) 423-5504

Telecopier: (386) 423-8370

March 13, 2006

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Lunsford Properties, Inc.

Dear Sir or Madam:

Please find enclosed a Statement of Change of Registered Office or Registered Agent for the above referenced corporation. Also enclosed is a check made payable to the Florida Department of State in the amount of Thirty-Five (\$35.00) Dollars for the filing fee.

Should you have any questions about the matter, please feel free to call.

Sincerely,

Michael L. Brewer, Esq.

MLB/mlv Enclosure

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	e is submitted for a	corporation organize	607.1508, or 617.150 ed under the laws of the ed agent, or both, in th	he State of <u>Fl</u> o	orida
1. The name of the		_ 	operties, In		
2. The principal off Florida 3		N. Causeway	, Suite 8, N	lew Smyrna	Beach,
3. The mailing add	ress (if different):_]	N/A			
4. Date of incorpor	ation/qualification:	1/15/76	Document numbe	er: 493748	3
5. The name and st Florida Departm		current registered age	nt and registered offic	ce on file with th	e
_	William :	L. Ross, Jr.	, Esq.		
	221 N. C	auseway_			5 5
	New Smyr	na Beach, FL	32169	HAS	TRE TAR
6. The name and st (if changed):	reet address of the r	new registered agent ((if changed) and /or re	egistered office	.ED AH9:
_	Michael	L. Brewer, E	squire		12.37
	500 Cana	l Street		÷.	
<u> </u>		P.O. Box NOT acceptable) na Beach, FI	32168		
The street address as changed will be	of its registered of	fice and the street ac	ldress of the business	s office of its re	gistered agent,
_		lution duly adopted l pation has been noti	by its board of direct fied in writing of the	ors or by an offichange.	icer so
	of an officer or directory	ord .	(Printed or 1	typed name and title)	
I hereby accept the I further agree to of my duties, and I document is being corporation has be	e appointment of r comply with the pr I am familiar with filed merely to ref een notified in writ	egistered agent and ovisions of all statut and accept the oblig lect a change in the ting of this change.	agree to act in this c es relative to the pro ation of my position registered office add	apacity. per and comple as registered ag ress, I hereby c	te performance zent. Or, if this onfirm that the
Muka	ture of Registered Agent)	~		14 200 (Date)	
If signing on beha	lf of an entity:				
Michael L.	Brewer ed or Printed Name)				

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

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