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S. HAWKES

DEC 23 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lugosch Family Management, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter Mullaney
(Name of Person)

The Private Client Law Group, PC
(Firm/Company)

75 Fourteenth Street NE, Suite 2710
(Address)

Atlanta, GA 30309
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Mullaney at (404) 974-3482
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Lincoln Circle Group, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. October 21, 2008

Date of filing/registration in Florida

3. A08000000901

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Daniel J. Lugosch, III

Name

7014 SE HARBOR CIRCLE

Address

STUART, FL 34996 US

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

J. DANIEL LUGOSCH, III

Name

7014 SE HARBOR CIRCLE

Florida street address (P.O. Box not acceptable)

STUART FL 34996

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature], a Attorney in Fact
Signature of General Partner

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 obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA