



Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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Email Address:

REGISTERED AGENT CHANGE GREGORY P. LUTH & ASSOCIATES, INC.

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUB IECT.

Gregory P. Luth & Associates, Inc.

Name of Corporation

DOCUMENT NUMBER

F02000001593

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

.888

705-7274

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

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

statement of cha	provisions of sections 607.0502, 617.050. ange is submitted for a corporation orgun er to change its registered office or registe	ized under the laws o	of the State of _	California	_
2. The principal	the corporation: Gregory P. Luth office address: 3350 SCOTT B A CLARA, CA 95054				
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 3/25/2002	Document nun	her: F020	0000159	3
	d street address of the current registered a rtment of State: (If resigned, enter resigne PARACORP INCOR	ed)		ith the	
	155 OFFICE PLAZA DRIVE	1\$T FLC	OR	38 101	3
	TALLAHASSEE	FL	32301	SECRLIA CO	
6. The name an (if changed):	d street address of the new registered ager	nt (if changed) and /o	r registered of	Tice SSE	= 1
	Registered Agent Solutions, I	Inc.		The Contract	۾ ۾
	155 Office Plaza Dr., Suite A				သ
	Tallahassee, FL 32301	acceptable			
The street addr as changed will	ess of its registered office and the street all be identical.	address of the busine	ss office of it	s registered ag	ent,
Such change w authorized by t	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directified in writing of the	ctors or by an electronic change.	officer so	
/s/ Shilin	we of an officer or director	Shilin Jiang	typed name and titl	CFO	
l furthér agrée performance of avent. Or, if th	t the appointment as registered agent and to comply with the provisions of all statul my duties, and I om familiar with and a his document is being filed merely to reflect the corporation has been notified in	ites relative to the pi ccept the obligation ect a change in the r	roper and com of my position egistered offic ige.	i as registered	1
`	enally of Registered Agent chalf of an entity:	<u> </u>	Date		_
Justine Karı	nell - Assistant Secretary				
1	Typed or Printed Name				