2/9/2016 3:54:39 PM From: Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number: FCAG00000023

: (850)205-8842

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE LEMON-X CORPORATION

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C. CARROTHERS

2/9/2016 3:54:39 PM From: To: 8506176380(2/3)

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:	
Name of Cor	poration
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
DAV D PRI Name of Cont	act Person
Bevote Firm/Con	pany Group
HYO]	S. Oakley Avenue
Chicag City/State and	Zip Code
E-mail address: (to be used for fut	Sangreup, earsy ture admual report notification)
For further information concerning this matter, please ca	ali:
Name of Contact Person	at (773) 369-2652. Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departm	nent 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 Tallahassec, Ft. 32301

CR2E045 (03/12)

2/9/2016 3:54:39 PM From: To: 8506176380(3/3)

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

	•	2, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
		tion organized under the laws of the State of New Yor	
		or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: LEMON-X CO	RPORATION	
	l office address: 168 RAILROAL		
HUNTINGT	ON STATION, NY 11746-1540		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 09/02	2003 Document number: F03000004445	
	d street address of the current rentment of State: (If resigned, on	egistered agent and registered office on file with the let resigned)	
	Floyd Parker, Sr.		
	500 SOUTH LAKE REEDY BI	.VD_FROSTPROOF, FL 33843	F. 21
			266 16 7
			<u> </u>
(if changed):		FEB -9 A	
	C T Corporation System	•	
	e/o C T Corporation System. 12	00 South Pine Island Road	0810 1741E 0810
		O. Box NOT acceptable	T:>
	Plantation, Florida 33324		
The street addr	ess of its registered office and libe identical.	the street address of the business office of its registe	ered agent.
Such change wanthorized by t	as authorized by resolution dul he board, or the corporation ha	ly adopted by its board of directors or by an officer s is been notified in writing of the change.	io.
(an	Ula	Christopher McRoco	M. GCE Co.
-	ure of an officer or director		
I hereby accept I further agree performance of agent. Or, if the hereby confirm	t the appointment as registered to comply with the provisions of fmy duties, and I am familiar w its document is heing filed mero that the corporation has been	l agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as regi ely to reflect a change in the registered office addres notified in writing of this change.	stered ss, 1
By: C T Cor	rporation System	02/09/2016	
	gnature of Registered Agent	Date	
If signing on be	chalf of an entity:		
James M. Halpi	in, Assistant Secretary		
7	yped 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 CR2E045 (63/12)