

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6390

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800) 345-4647
Fax Number : (800) 432-3622

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

Email Address: _____

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STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
LEMON-X CORPORATION

Certificate of Status	0
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Corporate Filing Menu

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February 13, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEMON-X CORPORATION
168 RAILROAD STREET
HUNTINGTON STATION, NY 11746-1540US

SUBJECT: LEMON-X CORPORATION
REF: F03000004445

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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.

Susan Tallent
Regulatory Specialist II

FAX Aud. #: H17000040164
Letter Number: 217A00002771

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P.O BOX 6327 - Tallahassee, Florida 32314

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**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 NEW YORK in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LEMON-X CORPORATION
2. The principal office address: 500 South Lake Reedy Boulevard
Frostproof, FL 33843
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/2/2003 Document number: F03000004445
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)

Prill, David R, CFO500 South Lake Reedy BoulevardStreet AddressFrostproofCityFLState33843Zip Code

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

Capitol Corporate Services, Inc.155 Office Plaza Drive, Suite AStreet AddressP.O. Box, NOT acceptableTallahasseeCityFLState32301Zip Code

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.

Signature of an officer or directorDavid R. Prill, CFOPrinted 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 of Registered Agent2/13/17Date

If signing on behalf of an entity:

Joan Fisher, Asst. Secretary on behalf of Capitol Corporate Services, Inc.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
CR2E045 (03/12)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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