

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000040164 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6390

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048

: {800}345-4647

Phone 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:

REGISTERED AGENT CHANGE **LEMON-X CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

S TALLENT FEB 1 4 2017

င္ပာ

Electronic Filing Menu

Corporate Filing Menu

Myra Simmons 800-432-3622

850-617-6381

A ...

2/13/2017 9:38:25 AM PAGE 1/001 Fax Server



Pebruary 13, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEMON-X CORPORATION 168 RAILROAD STREET

HUNTINGTON STATION, NY 11746-1546US

SUBJECT: LEMON-X CORPORATION

REF: P03000004445

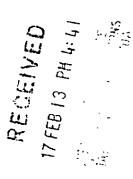
We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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



P.O BOX 6327 - Tallahassee, Florida 32314

17 FEB 13 AN 8: 38

H17000040164 3

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 affice 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	nddress (if different):				
4. Date of incom	paration/qualification: 9/2/20	03 Do	poument number: <u>F030000444</u> 5		
5. The name an Florida Depa	d street address of the current reg intinent of State: (If resigned, ente	istered agent and r resigned)	registered office on file with the		
	Prill, David R, CFO				
	500 South Lake Reedy Boulevard				
	Street Address		33843		
	Frostproof	Ster A	33843		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Capitol Corporate Service	es, Inc.			
155 Office Plaza Drive, Suite A Brown Address P.O. Box NOT scumptable					
	Tallahassee	FL	32301		
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 wanthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its be	oard of directors or by an officer so writing of the change,		
	Jacobs or director		R. Prill, CFO		
Signal	ure all an officer or director		Prested or typed name and title		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to camply with the provisions of all stantes 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.					
- sı	muse of Regimes Agent		<u>all3/17</u>		
~ ~	chalf of an entity:				
Appl G Printed Name					
* * * FILING FEE: \$35.00 * * *					
M CR2E045 (03/12)	Make checks payable Iail to: Division of Corporati	TO FLORIDA DEI	partment of State 5327, Tallahabsee, PL 32314		