F08000002513

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u>-</u> .
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	. .
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COVER LETTER

Division of Corporations	
SUBJECT: Legacy Equity Fund, Iwc. (Name of Cofporation)	
DOCUMENT NUMBER: F 08 00000 2513	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the following:	
PMI Tomo (Name of Contact Person)	the second secon
(Name of Contact Person)	
(Firm/Company)	-
29661 US HWY19N (Address)	<u>.</u>
Clearwater, FL 3376] (City/State and Zip Code)	-
For further information concerning this matter, please call:	
Richard Roark at (817) 244-1 (Name of Contact Person) at (Area Code & Daytime Tele	999 phone Number)

and the same of th

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

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 in order to change its registered office or registered agent, or both, in the State of Florida.
(Foreign Profit) 1. The name of the corporation: Legacy Equity Fund, Inc.
2. The principal office address: 1509 Onapel Ave. Fort Worth, TX 76116
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/3/08 Document number: F08000002513
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Incorp Services, Inc.
17888 67th Court N PS 3
Loxahatchee, FL 33470
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Phil Ionino Phil 2
29661 US HWY 19N
(P.O. Box NOT acdeptable) Clearwater, FL 3376
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.
Cura & PICHARD E ROARK
(Signature of an officer of director) (Printed 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 Agent) 3/12/09 (Date)
If signing on behalf of an entity:
Phille Towns

* * * FILING FEE: \$35.00 * * *

(Typed or Printed Name)