

F10000004429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

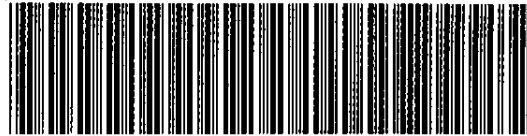
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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9-19-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LARA MANAGEMENT, INC.
Name of Corporation

DOCUMENT NUMBER: F10000004429

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:

MICHAEL LAPAT
Name of Contact Person

LAW OFFICES OF MICHAEL LAPAT
Firm/Company

3300 UNIVERSITY DRIVE, SUITE 311
Address

CORAL SPRINGS FL 33065
City/State and Zip Code

rbvallabhaneni@gmail.com;julieh@turnkeyhedgefunds.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIE HANCOCK at (954) 345-6442
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

LAW OFFICES
Michael Lapat

3300 University Drive
Suite 311
Coral Springs, Florida 33065
(954) 345-6442
(954) 344-0288 (Fax)

221 North La Salle Street
Suite 1137
Chicago, Illinois 60601
(312) 425-2900
(312) 425-2901(Fax)

Please Reply to Florida Office

Michael Lapat
admitted to Practice in:
Florida, Illinois & New York
mlapat@nysbar.com

September 14, 2011

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

RE: AMENDMENT REGISTERED OFFICE, REGISTERED AGENT ADDRESS
INTEGEN, LLC
Filing Fee and Certified Copy LLC Amendment (Address Change) \$ 55.00
LARA MANAGEMENT, INC
Filing Fee CORP Amendment (Address Change) \$ 35.00
TOTAL \$ 90.00

Dear Sir or Madam,

Please find enclosed herewith amendment documents for the above-referenced entities. Accompanying these submissions is a **check in the sum of \$90.00** representing the filing fees for these amendments.

Please file the foregoing as appropriate and return to this office file-stamped/certified copies of same as receipt thereof.

Regards,


Julie Hancock

lh
enclosure

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

1. The name of the corporation: LARA MANAGEMENT, INC
2. The principal office address: 8865 COMMODITY CIRCLE, SUITE 2
ORLANDO FL 32819
3. The mailing address (if different): 8865 COMMODITY CIRCLE, SUITE 2
ORLANDO FL 32819
4. Date of incorporation/qualification: 10-06-10 Document number: F10000004429
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)

RAMESH VALLABHANENI

7609 ST. STEPHENS CT

ORLANDO FL 32835

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

8865 COMMODITY CIRCLE, SUITE 2

P.O. Box NOT acceptable

ORLANDO FL 32819

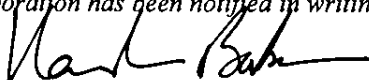
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 director

RAMESH VALLABHANENI, President
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

9/14/11
Date

If signing on behalf of an entity:

RAMESH VALLABHANENI
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 (8/05)

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TALLAHASSEE FLORIDA