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(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
. (Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
		~
Special Instructions to	Filing Officer:	
	Office Use Onl	lv ,



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SECRETARY OF STATE OILVISION. OF CORPORATIONS

NOV 0 7 2012

T. ROBERTS



201 North Illinois Street, 16th Floor-South Tower Indianapolis, IN 46204 Office: 800.889.3463, Fax 866.951.5288 www.lauthinvestigations.com

November 1, 2012

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

RE: APPLICATION FOR STATEMENT OF CHANGE OF REGISTERED OFFICE

To whom it may concern:

I have enclosed the completed forms required to make an address change for our Registered Agent.

Enclosed:

- ✓ Cover Letter
- ✓ Statement of Change Form
- ✓ Check in amount of \$35.00 for the processing fee

Please feel free to contact me at 317-667-2787 or email: <u>rain.lauth@gmail.com</u> with any questions that you may have. Thank you for your assistance on this matter.

Respectfully,

Rain Lauth

Lauth Investigations International, Inc.

201 N. Illinois Street, 16th Floor – South Tower

Indianapolis, IN 46204

Telephone: 317-317-667-2787

Office: 317-951-1100 Fax: 866-951-5288

COVER LETTER

TO:

Amendment Section Division of Corporations

auth Investigations International, Inc.

F12000000338

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:

Rain Lauth

Name of Contact Person

Lauth Investigations International, Inc.

Firm/Company

201 N. Illinois Street

Address

Indianapolis, IN 46204

City/State and Zip Code

rain.lauth@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rain Lauth

317 667-2787

Area Code & Daytime Telephone Number

Name of Contact Person

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

statement of cha	ange is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida ered agent, or both, in the State of Florida.	
1. The name of	the corporation: Lauth Investigation	·	46204
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 01/24/2012	Document number: F1200000338	
5. The name and	d street address of the current registered agriculture of State: (If resigned, enter resigned		
	Thomas Lauth		35
	1244 Pennsylvania Ave., #206		SET TO
	Miami Beach, FL 33139 ပ်ာ ဒို		300
6. The name and (if changed):	d street address of the new registered agen Thomas Lauth	at (if changed) and /or registered office	FORATIONS
	5201 Blue Lagoon Drive - I	Penthouse	
	P.O. Box NOT	acceptable	
	Miami, FL 33126		
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered agen	ıt,
Such change wa authorized by th	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
Than	<u> </u>	Thomas Lauth - President	
I hereby accept I further agree performance of	the appointment as registered agent and to comply with the provisions of all status for duties, and I am familiar with and active document is being filed merely to reflet that the corporation has been notified in	Printed or typed name and title If agree to act in this capacity, tes relative to the proper and complete cocept the obligation of my position as registered ect a change in the registered office address, I a writing of this change.	
Thans	Jan	November 1, 2012	
Sig	gnature of Registered Agent	Date	
	chalf of an entity:		
Thoma	ypod or Printed Name		
ι,	* * * FILING FE	E: \$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)