## F12000003601

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Office Use Only							



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D CUSHING



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2015

LOWER LOWNDES, INC. 2303 BEMISS RD VALDOSTA, GA 31602

SUBJECT: LOWER LOWNDES, INC.

Ref. Number: F12000003601

Our records indicate the registered agent for the above named corporation resigned on February 6, 2015 and that this corporation currently does not have a registered agent designated.

Pursuant to Florida Statutes 607/617, this office is required to give 60 days notice of our intent to revoke the certificate of authority of a foreign corporation authorized to transact business in Florida for failing to appoint and maintain a registered agent.

This letter is your notice of our intent to revoke the above named corporation's certificate of authority to transact business in Florida 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6050.

Gary Blankenbaker Document Specialist Division of Corporations

Letter Number: 415A00006490



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2015

SHARON SELDER 1414 SOUTH MARION AVE LAKE CITY, FL 32025

SUBJECT: LOWER LOWNDES, INC.

Ref. Number: F12000003601

We have received your document for LOWER LOWNDES, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Diane Cushing Senior Section Administrator

Letter Number: 415A00008028

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		ions 607.0502, 617.0. for a corporation orge				
		gistered office or regi				
1. The name of	the corporation:	Lower Lo	WNDES INC	<u>.</u>		
2. The principal	office address:	Lower Lo 1414 South	MARION AV	le Lake	Cty Fla 3	2023
3. The mailing a	address (if differer	t): 50me				
4. Date of incor	poration/qualificat	ion: 1-7-200	Document nuir	nber: <u>F/2</u>	0000036	01
5. The name and Florida Depart	d street address of rtment of State: (If	the current registered resigned, enter resign	agent and registered o	ffice on file wit	h the	
	_	_				
	Be	ono AND Cos	<u>ક્</u>			
		Box 496	Oalomoo	F1. 32	302-496	1
6. The name and (if changed):	l street address of	the new registered ag	ent (if changed) and /o	or registered offi	ce	
•	Shopen	Selder				
	1414 So	The Monion P.O. Box NO	ARE Loke	City Flo.	32025	
	• •	, P.O. Box NC	T acceptable	. /	SE SE	
The street addre as changed will	ess of its registered be identical.	d office and the stree	t address of the busine	ess office of its	registered agent	77
Such change wa	s authorized by re	esolution duly adopte rporation has been n	ed by its board of direct	ctors or by an o	Arrest Carlo	m
W	N _		•	_	سعى ١٠٠٠	A Printerson
=	re d'an officer or directe		Printed or	typed name and title	-	
t hereby accept I further agree to performance of agent. Or, if thi hereby confirm	the appointment of comply with the my duties, and I constituted to be a document is being that the corporati	as registered agent a provisions of all sta in familiar with and ng filed merely to rej on has been notified	nd agree to act in this tutes relative to the pi accept the obligation lect a change in the r in writing of this chai	capacity, roper and comp of my position i egistered office nge,	rlete as registered address, I	
Shan	Selh	J	4-15-1			
Sign	nature of Registered Age	nt		Date	<del></del>	
	nalf of an entity:					
Shao	v Selder ped or Printed Name	<u> </u>				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (63/12)

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