F9500001629

(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:	(Re	equestor's Name)	
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COVER LETTER

Amendment Section Division of Corporations TO:

a. 46⁴

Ladelle Investment Company, Inc. Name of Corporation SUBJECT:

F9500001629

DOCUMENT NUMBER:

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:

Dennis Menos Ladelle Investment Company, Fric. Firm/Company

473 N Kirkwood Rd. Second Floor Kirkwood MO 63122 City/State and Zip Code <u>Agmenos</u> <u>D</u> mind spring. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denn's Menos at 314 821-7007 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

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

1. The name of the corporation:	Ladelle Investment Company, Inc.
2. The principal office address:	473 N Kirkwood Rd.
	Kirkwood MO 63122

3. The mailing address (if different):

100

04/04/1995 Document number: F95000001629 4. Date of incorporation/qualification:

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)

Steve Gerken BPR IS 348 NE 1⁵⁶ Ave. 6. The name and street address of the new registered agent (if changed) and /or registered office

(if changed): Steve Gerken

005 S. Ocean Blud. P.O. Box NOT acceptable 19h and Beach FL 3. 3487

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.

EDNIS G M Printed or typed name and titl ignature of an officer of

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.

well Signature of Registered Agent

-08 - 11

If signing on behalf of an entity:

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