## 611241

| (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: |
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|   |

Office Use Only



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07/18/06--01034--018 \*\*35.00



RA Chg,

## COVER LETTER

| Division of Corporations  |
|---|
| SUBJECT: LEARS I, INC. (Name of Corporation)  |
| DOCUMENT NUMBER: G1124  |
| 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:                     |
| KATHLEEN ISDAEL (Name of Contact Person)  |
| •   |
| (Firm/Company)  |
| 21430 N.E.ZO AUE.   |
| 21430 N.E.ZO AUE.  No. MIANI BEACH, FL 33179  (City/State and Zip Code)                       |
| For further information concerning this matter, please call:                                  |
| ATHLEEN ISRAEC at (305) 466-1034 (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

| statement of change is                           | ons of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this submitted for a corporation organized under the laws of the State of Florida.  |
|--|--|
| 1. The name of the corp                          | poration: LEARSE, INC  |
| 2. The principal office a                        | address: 21430 N.E. 20 AVE   |
|  | No. MEANE BEACH, FL 33179  |
| 3. The mailing address                           | (if different):  |
| 4. Date of incorporation                         | Aqualification: 12/28/82 Document number: 611241   |
| 5. The name and street                           | address of the current registered agent and registered office on file with the   |
| Florida Department o                             | of State: STEWART JACOBSON   |
| <del></del>                                      | A LAW OFFICE OF  |
|  | STEWART JACOBSON, P.A.   |
|  | 950 SOUTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020-6024   |
|  |  |
| 6. The name and street (if changed):             | address of the new registered agent (if changed) and /or registered office   |
|  | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| 2  | 1430 N.E. 20 AUE   |
|  | (P.O. Box, NOT generable)  |
| 7  | O. MEANE BEACH, FL 33179   |
| The street address of it as changed will be iden | s registered office and the street address of the business office of its registered agent, ntical.   |
| Such change was authorized by the boar           | orized by resolution duly adopted by its board of directors or by an officer so d, or the corporation has been notified in writing of the change.  |
| Kathleen (Signature of an o                      | Saral UP KATHLEEN ISKAEL, VICETRE (Printed or typed name and title)  |
| /  | pointment as registered agent and agree to act in this capacity, oly with the provisions of all statutes relative to the proper and complete performance familiar with and accept the obligation of my position as registered agent. Or, if this is merely to reflect a change in the registered office address, I hereby confirm that the notified in writing of this change. |
| Kartlem  | Peral 7 606 Registered Agent)  |
| If signing on behalf of                          | an entity:   |
| <u> </u>   | NIA  |
| CTyped or I                                      | rinted Name)   |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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