H60904

(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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CA. Chq. C.COULLIETTE

NOV 21 2011

EXAMINER

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: LIG	HTHOUSE LA	NDING, INC	
		Name of Co	эгрогацон	
DOC	UMENT NUMBER:	<u> </u>	160904	
The e	nclosed Statement of Change	of Registered Office	Agent and fee are subm	itted for filing.
Please	e return all correspondence co	ncerning this matter	to the following:	
		٠		
		SCOTT C	WEBER	
		Name of Cor	tact Person	
		LIGHTHOUSE I		
		Firm/Co	mpany	
		6940 S PENI	NCIII A DD	
	 	Addr		
		PONCE INLE	T FL 32127	
		City/State an	d Zip Code	
	mail @ H	idden Treasure	On Rose Bay. Conture annual report not	M (fination)
	E-man address	s. (to be used for it	nure annuar report nou	meation)
For fu	orther information concerning	this matter, please c	all:	
	SCOTT C WEE	BER	at (386)	846-0941
	Name of Contact Pe	rson	Area Code & Dayt	846-0941 ime Telephone Number
Enclo	sed is a \$35.00 check made page	ayable to the Departi	ment of State.	·
	Mailing A	ldress:	Street Address	:
	Amendme	nt Section	Amendment S	ection
		of Corporations	Division of C	•
	P.O. Box		Clifton Buildi	
	Tallahasse	e, FL 32314	2661 Executiv	ve Center Circle

Tallahassee, FL 32301

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or ange is submitted for a corporation organized under the ler to change its registered office or registered agent, or b	aws of the State of Fl	LORIDA	
	the corporation: LIGHTHOUSE LANDING, II office address: 6940 S PENINSULA DR PONCE			
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 06-07-1985 Documen	number:	H60904	
	d street address of the current registered agent and registe rtment of State: (If resigned, enter resigned)	red office on file with	the	
	FRED B SHARE ESQ RESIGNED			
	1092 RIDGEWOOD AVE			
	HOLLY HILL FL 32117			, š. š.
6. The name and (if changed):	* NOV 18	ASSIGNATION OF		
	SCOTT C WEBER		"	
	5919 KENDREW DR P.O. Box NOT acceptable		PM 12: 07	3 - 3 <u>0</u>
	PORT ORANGE FL 32127		07	
The street addr	ess of its registered office and the street address of the l be identical.	ousiness office of its	registered agent,	*;
Such change w authorized by t	as authorized by resolution duly adopted by its board of the board, or the corporation has been notified in writing	f directors or by an og of the change.	fficer so	
	Webe Scott W	EBER OFFICEN		
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered agent and agree to act to comply with the provisions of all statutes relative to nd I am familiar with and accept the obligation of my ping filed merely to reflect a change in the registered offs been notified in writing of this change.	n this capacity. the proper and comp osition as registered ice address, I hereby	elete performance agent. Or, if this confirm that the	!
Scott b	Vehen 11/9	du .		
	gnature of Registered Agent	Date	-	
	chalf of an entity:			
	COTT C WEBER Typed or Printed Name			

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