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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LK & ASSOCIATES TNC (Name of Corporation)
DOCUMENT NUMBER: J 14571
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:
(Name of Contact Person) LK 4 ASSOCIATES TNC (Firm/Company)
3850 SW 30TH AVENUE
FORT LAUDGRANGE FL 33312-6824 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 792 3572 (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

TO:

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

statement of change	is submitted for	r a corporation org	302, 607.1308, or 617.136 anized under the laws of t stered agent, or both, in t	he State of F	LORIDA
1. The name of the o			+SSOCIATE	·	
2. The principal offi	ice address:	3850 S	HTOE W ? NAANJOUA.	HVEN	<u>ue</u> 33312-6824
3. The mailing addre	ess (if different)	···· <u>_</u>			
4. Date of incorpora	ntion/qualification	on: 7,10, S	Document number	er: <u> </u>	4571
5. The name and str Florida Departme		ne current registered	l agent and registered offic	ce on file with t	he
6. The name and street (if changed):	Edo L 2410 Hou eet address of the KAPC 210 3850 For	e new registered age AN, LO K + AS (P.O. Box NOT acceptable)	···	egistered office	O7 AUG 13 AM 9: 16 SECRETARY OF STATE AHASSEE, FLORIDA
The street address of as changed will be	of its registered identical.	office and the stree	et address of the business	office of its re	gistered agent,
Agnature of Mereby accept the I further agree to coperformance of my agent. Or, if this do hereby confirm materials	appointment as omply with the duties, and I am the duties and I am the duties are the corporation of Registered Agents	r) registered agent a provisions of all sto n familiar with and g filed merely to re n has been notified	LONNE (Printed or ty and agree to act in this captures relative to the propact a change in the region writing of this change in writing of this change	ped name and title) spacity. ser and comples my position as stered office ac	LAN PRESIDEN
(Typed	or Printed 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 * * *