

Document Number Only

J46329

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

000002281599--8

--08/29/97--01093--032

\*\*\*\*105.00 \*\*\*\*\*35.00

CORPORATION(S) NAME

Lochin, Inc

97 AUG 29 PM 4:07  
TALLAHASSEE, FLORIDA

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☐ NonProfit

☐ Limited Liability Co.

☐ Foreign

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THANKS, MELANIE ☺

8 25 97

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Jon  
R.A.  
Change

CR2E031 (1-89)

**Florida Department of State, Jim Smith, Secretary of State****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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Lovern, Inc.

1b. Date of incorporation 12/10/1986 Document number 46328

2. The name and address of the current registered agent and office:

John F. Lovern

1333 N. Federal Highway, Ft. Lauderdale, FL 33304

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

The street address of its registered agent 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.

James O. Cole  
SIGNATURE  
8/27/97  
DATE

James O. Cole, Secretary

Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

C T CORPORATION SYSTEM

SIGNATURE BY: Connie Bryan  
(Registered Agent)

DATE 8-29-97 CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**