## K06376

(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:
a contract of the contract of

Office Use Only



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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Singe is submitted for a corporation organized under the laws of the State of $\underline{F}$ represents to change its registered office or registered agent, or both, in the State of Fi	-lorida	
1. The name of t	he corporation: Loch Sloy, Incorporated		
2. The principal	office address: 2785 Lydia Street, Jacksonville, Florida 32205		
3. The mailing a	ddress (if different):	· 	
4. Date of incorp	poration/qualification:12/10/1987 Document number:	K06376	
	street address of the current registered agent and registered office on file wit tment of State: (If resigned, enter resigned)	h the	
	Ford, Bowlus, Duss, Kenney, Safer & Hampton, P.A.	_	
	10110 San Jose Boulevard	200 TA	
	Jacksonville, Florida 32257	TALLAHASS	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi	Fig z m	
	John S. Duss, IV	9.	
	4348 Southpoint Boulevard, Suite 101	哥 5	
	P.O. Box NOT acceptable	-	
	Jacksonville, Florida 32216	-	
The street address changed will	ess of its registered office and the street address of the business office of its be identical.	s registered agent,	
	as authorized by resolution duly adopted by its board of directors or by an board, or the corporation has been notified in writing of the change.		
Patricia J. Young, Director Signature of an officer or dector  Printed or typed name and title			
I hereby accept I further agree of my duties, an document is bet corporation ha	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and control of a familiar with and accept the obligation of my position as registered in the registered office address, I hereby been notified in writing of this change.	_	
	namire of Registered Agent		
It signing on be	half of an entity:		
т	yped 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 \* \* \*