## 101000003264

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE FLORIDA

M. THOMAS

JUL 3 0 2008

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: LACKEY, L.L.C.		
(Name of Limit	ted Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
EDNA JANE WATSON		
(Name of Person)		
LACKEY, L.L.C.		
; (Firm/Company)		
6650 SR544 EAST		
(Address)		
WINTER HAVEN, FL 33881		
(City/State and Zip Code)	<del></del>	
For further information concerning this matter, plea	se call:	
WILLIAM C. WATSON at (	863 ) 294-4149	
(Name of Person)	Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount	unt:	
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: <u>LACKEY, L</u>	.L.C.
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 6650 SR 544 EAST WINTER HAVEN, FL 33881
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME
03/02/2001	L01000003264
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	EDNA JANE WATSON
Registered Office Address:	250 MAGNOLIA AVENUE SW SUITE 200-SECOND FLOOR WINTER HAVEN, FL 33880
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	WILLIAM C. WATSON
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6650 SR 544 EAST
	WINTER HAVEN,FL 3386
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company.  (Signature of member or authorized representative of a member)	ase of a Florida limited liability company, it is
EDNA JANE WATSON (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby a in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00