## 00013922 -4373 Fletcher Ln Titusville FL 32780 City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Certified Copy Pick up time ☐ Walk in ☐ Will wait Photocopy Certificate of Status ☐ Mail out AMENDMENTS **NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director ☐ Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION **OTHER FILINGS** Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

CR2E031(7/97)

**Examiner's Initials** 

## 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. The name of the limite	d liability company i	s: Lancrest Enterprise	s, LLC
2. The mailing add. ess of	the limited liability	company is : Post Office	e Box 923
Tallahassee, FL 32302	2-0923		
08/20/2001	-	I 01000	0013922
3. Date of filing/registration in Florida 4. Document number			<del></del>
5. The name of the register Florida Department of S	red agent and the reg State:	istered office address as sh	own on the records of the
*		eryck Harmer	
	V V - 1992	Name	
811 West Jefferson Street			
Address			
Tallahassee, FL 32304 City, State and Zip			<del></del>
7 ml	-	-	=======================================
6. The name and address of	of the new registered	agent and/or office:	EGRETAL LANGE
Deryck Harmer			75. C.
Name 4373 Fletcher Lane			PH
Florida street address (P.O. Box NOT acceptable)			hle)
	1 1011da bacot adalo	55 (1.0. Dox 110 1 accepta	
	Tallahasse	e, <sub>FL</sub> 32780	<b>7</b>
	City,	State and Zip	
confirmed that after the chand the business office of	ange or changes are a the registered agent we eby confirmed that the I liability company or f the limited liability	will be identical. Or, in the e change(s) was/were author as otherwise provided in toompany.	lress of the registered office
Doryck Harmor			
Deryck Harmer (Printed or typed name of signee)			e de la companya de l
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm		agent and agree to act in the tot to the proper and complete to the proper and complete to filed to merely reflect a chity company has been notifications.	is capacity. I further agree to ete performance of my duties, red agent as provided for in ange in the registered office led in writing of this change.
(Signature of Registered Agent)			•

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

INHS18(10/99)

**FILING FEE: \$25.00**