L04000046620

| (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: 527 - MA CM |
| 104-166a0 |

Office Use Only



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Mark &

05/27/05-01022-004 **25.00

SHIM ZZ WHIE

ALLURE ACCOUNTING, LLC

28000 Spanish Wells Boulevard Bonita Springs, Florida 34135 email: info@allureaccounting.com



Telephone (239) 992-3355 Fax (239) 992-1669

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

May 24, 2005

RE: Lichti Investments, LLC

Doc. No. L04000016620

To Whom It May Concern:

Enclosed please find the Statement of Change of Registered Agent or Registered Office or Both for Lichti Investments, LLC.

We have also enclosed a check made payable to Florida Department of State in the amount of \$25 as payment for the filing fee.

Should you have any questions or concerns, please don't hesitate to contact our office.

Sincerely

Heike Busby

Enclosures

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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 limit | ed liability company is: LICHTI INVESTMENTS, LLC | <u>·</u> - |
|--|---|------------------------------------|
| | f the limited liability company is: PO BOX 512, LEHIGH ACRES, | <u> </u> |
| FL 33970 | | .5. |
| 03/02/04 | L0400016620 | |
| 3. Date of filing/registrat | tion in Florida 4. Document number | |
| 5. The name of the register Florida Department of | | |
| | SEALCO GROUP, INC. | |
| | Name 1000 LEE BLVD, STE. 208 Address | |
| | Address LEHIGH ACRES, FL 33970 City, State and Zip | |
| | City, State and Zip | . ° 3 |
| 6. The name and address | of the new registered agent and/or office: | |
| | ALLURE ACCOUNTING, LLC | |
| | ALLURE ACCOUNTING, LLC 28000 SPANISH WELLS BLVD. | |
| | Florida street address (P.O. Box NOT acceptable) | |
| | BONITA SPRINGS, FL 34135 | |
| | City, State and Zip | |
| · All All All | npany is not organized under the laws of the State of Florida, it is hereby hange or changes are made, the Florida street address of the registered office. The registered agent will be identical. Or, in the case of a Florida limited reby confirmed that the change(s) was/were authorized by an affirmative very distribution of the limited liability company. | ce ote of ı or |
| WERNER LICHTENBE | ERG | |
| (Printed or typed name of signee) | | |
| I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent) | intment as registered agent and agree to act in this capacity. I further agress of all statutes relative to the proper and complete performance of my duted accept the obligations of my position as registered agent as provided for his document is being filed to merely reflect a change in the registered official that the limited liability company has been notified in writing of this change. | ee to ties, in ice ge. |

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

FILING FEE: \$25.00