L07000012470

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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MORTON D. AULLS, P. A.

ATTORNEY AT LAW

3000 HIGHWAY 19A MOUNT DORA, FL 32757 TELEPHONE (352) 343-0770 FAX (352) 385-0002

October 20, 2008

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

Re: Lake Investigation Agency, LLC L07000012470

Gentlemen/Ladies:

The enclosed report of new managing member and statement of change of registered office and registered agent are submitted for filing.

Please return all correspondence concerning this matter to the undersigned at the above address.

Enclosed please find a check made payable to the Florida Department of State for the \$50.00 filing fee.

Morton D. Aulls

MDA/kld

Enclosures

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: Lake Inves	stigation Agency, LLC	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	32218 Mark Avenue Tavares, FL 32778	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P. O. Box 822 Tavares, FL 32778-0822	
2/1/2007	L07000012470	
3. Date of filing/registration in Florida 4.	. Document number	
5. (a) Registered Agent and Registered Office shown on th	e records of the Florida Dept. of State:	
Registered Agent:	Robert H. Pfister	
Registered Office Address:	107 W. Main Street Suite 2 Tavares, FL 32778	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
<u>NEW</u> Registered Agent:	Mervyn Riker	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	32218 Mark Avenue Tavares .FL 32778	
If the limited liability company is not organized under the latthat after the change or changes are made, the Florida street a office of the registered agent will be identical. Or, in the cas hereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of dimited liability company. (Signature of a member or authorized representative of a member) Mervyn Riker (Printed or typed name of signee) I hereby accept the appointment as registered agent and aging the company of the appointment as registered agent and aging the change of the appointment as registered agent and aging the change of the appointment as registered agent and aging the change of the appointment as registered agent and aging the change of	address of the registered office and the business e of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the	
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the propant familiar with and accept the obligations of my position a F.S. Or, if this document is being filed to merely reflect a che confirm that the limited liability company has been notified in the limited liability company has been notified lin liability company has been notified liability.	er and complete performance of my duties, and I s registered agent as provided for in Chapter 608 ange in the registered office address. I hereby n writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00