

LO7000024363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 26 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____ LOBO, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard J. Lolli

Name of Person

Babst Calland Clements & Zomnir

Firm/Company

One Cascade Plaza, Ste.1010

Address

Akron, OH 44308

City/State and Zip Code

rjlolli@neo.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard J. Lolli

Name of Person

at (330)

418.2000

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:

☒ \$25 Filing Fee☐ \$55 Filing Fee & Certified Copy

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: LOBO, LLC
2. (a) Principal office address of limited liability company: 3135 Midvale RD NW

(Note: MUST BE STREET ADDRESS)

Canton, Ohio 44718

- (b) Mailing address of limited liability company:

3135 Midvale RD NW

(Note: MAY BE POST OFFICE BOX)

Canton, Ohio 44718

March 5, 2007

L07000024363

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:

BDB Agent Co.

Registered Office Address:

5355 Town Center Road, Suite 900

Boca Raton, FL 33486

(having resigned within past 30 days)

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Thomas F. Walsh

NEW Registered Office Address:

5715 Highway 85 North, #1007

(MUST BE FLORIDA STREET ADDRESS)

Crestview, FL 32536

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Richard J. Lolli
Signature of a member or authorized representative of a member

Richard J. Lolli
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Thomas F. Walsh
Signature of Registered Agent

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

FILING FEE: \$25.00