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SECRETARY OF STATE
FALL ANASSEE FLORIDA

J. BRYAN

OCT -2 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Lawnun Enterprises LLC Name of Limited Liability Company	<u>/</u>
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:	
Carissa Lawhun Name of Person	
Lawhun Enterprises.  Firm/Company	09 OCT -
1858 N Alafaya Trail Suite 201	RY OF STA
Oricinglo FL 32820.  City/State and Zip Code	
Carissa O FLA REA ITU INVESTMENTS. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Janelle Torres at (321) 972-4393  Name of Person at (321) 972-4393  Area Code & Daytime Telephone Nu	mber
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:	

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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 31 - 61 - 12 - 12 - 12 - 12 - 12 - 12 - 1	im Enterprises: 110
1. Name of the limited liability company:	MI CITICIPITO CEC.
2. (a) Principal office address of limited liability compar	iy: 1808 N. Alatalya Cult WI
(Note: MUST BE STREET ADDRESS)	Orlando FC 32826
(b) Mailing address of limited liability company:	1858 N. Alafaya Suite
( <u>Note: MAY BE POST OFFICE BOX</u> )	Orlando FC 32000
Lawrum Evherises UC 3. Date of filing/registration in Florida	LO70000 2958 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Carissa Lawnuns言言
Registered Office Address:	1950 Wranfield Lith
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address:  1858 N Alafaya Suite 201
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Stenature of a member or authorized representative of a member	Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote provided in the articles of organization
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant I am familiar with and accept the obligations of my perchapter 608, F.S. Or, if this document is being filed to maderess, I hereby confirm that the limited liability compand	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Rogistated Agent	

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