

L13000054028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

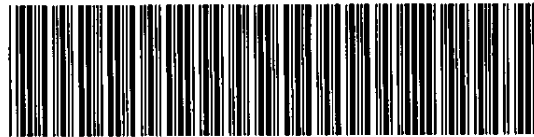
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE LUKENS INSTITUTE, 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:

DEBRA DEERING

Name of Person

THE LUKENS INSTITUTE, LLC

Firm/Company

7983 PLANTATION LAKES BLVD

Address

PORT ST LUCIE, FL 34986

City/State and Zip Code

debd112@aol.com

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

For further information concerning this matter, please call:

DEBRA DEERING

Name of Person

at ( 772 ) 370-6008

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

**FILED**  
13 JUN -6 AM 3:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

FEI # is: 46-2670199

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: The Lukens Institute, LLC

2. (a) Principal office address of limited liability company: 7108 Fairway Drive

(Note: **MUST BE STREET ADDRESS**)

Suite 170

Palm Beach Gardens, FL 33418

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

7108 Fairway Drive

Suite 170

Palm Beach Gardens, FL 33418

April 12, 2013

3. Date of filing/registration in Florida

4. Document number

L13000054028

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Bryan Deering

Registered Office Address:

7983 Plantation Lakes Blvd

Port St Lucie, FL 34988

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

**NEW Registered Agent:**

Debra Deering

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

7983 Plantation Lakes Blvd

Port St Lucie, FL 34988

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.

Debra Deering  
Signature of a member or authorized representative of a member

Debra Deering

Printed or typed name of signer

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.

Debra Deering  
Signature of Registered Agent

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

FILING FEE: \$25.00