

L39251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Luckenbach & Associates, INC. DBA Re/Max Assured  
(Name of Corporation)

DOCUMENT NUMBER: L39251

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

PLEASE  
NOTE NEW  
ADDRESS CHANGE

JASON ZINNO  
(Name of Contact Person)

Luckenbach & Associates, INC. DBA Re/Max Assured  
(Firm/Company)

540 E. Horatio Ave. Suite 100  
(Address)

Maitland, FL 32751  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Zinno at (407) 657-8600  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Luckenbach & Associates, INC.
- 2. The principal office address: 540 E. Horatio Ave. Suite 100  
Maitland, FL 32751
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jason Zinno  
407 Lake Howell Rd.  
Maitland, FL 32751

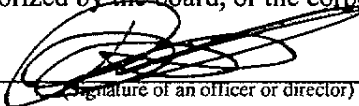
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jason Zinno  
(P.O. Box NOT acceptable)  
540 E. Horatio Ave Suite 100 Maitland, FL 32751

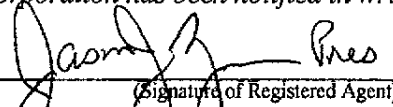
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
(Signature of an officer or director)

BORIS R. Luckenbach Pres.  
\_\_\_\_\_  
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
\_\_\_\_\_  
(Signature of Registered Agent)

12/17/05  
\_\_\_\_\_  
(Date)

If signing on behalf of an entity:  
JASON ZINNO  
\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*