

L50670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

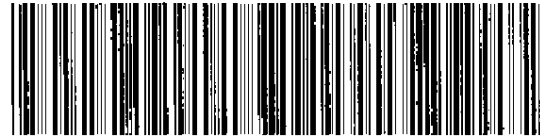
(Business Entity Name)

(Document Number)

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20170921 09:05
CLERK OF COURT
JANUARY 17, 2018

reach

4/1/18

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Luxury Asset Exchange, Inc.

Name of Corporation

DOCUMENT NUMBER: L50670

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:

Russell Clemons

Name of Contact Person

Luxury Asset Exchange, Inc.

Firm/Company

140 L and M Trace

Address

Shelby, AL 35143

City/State and Zip Code

Russell@clemonsrealty.com

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

For further information concerning this matter, please call:

Russell Clemons

Name of Contact Person

at (251-747-1168)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2017

RUSSELL CLEMONS
140 L AND M TRACE
SHELBY, AL 35143

SUBJECT: LUXURY ASSET EXCHANGE, INC.
Ref. Number: L50670

We have received your document for LUXURY ASSET EXCHANGE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 317A00005442

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Luxury Asset Exchange, Inc.

2. The principal office address: 140 L and M Trace, Shelby, AL 35143

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/12/1990 Document number: L50670

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Russell Clemons

16560 Perdido Key Dr.

Pensacola, FL 32507

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.

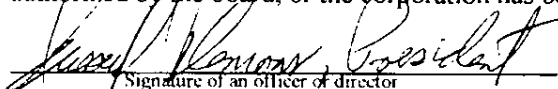
3030 N. Rocky Point Dr. STE 150A

P.O. Box NOT acceptable

Tampa FL 33607

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

Russell Clemons, President

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

March 29, 2017

Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)