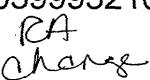
## M'49336

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: THE LAWRENCE GROUP ARCHITECTS, INCORPORATED (Name of corporation)
DOCUMENT NUMBER: M49336
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
James McC. Wearn (Name of contact person)
James McCartney Wearn, P.A.  (Firm/Company)
1610 Southern Boulevard (Address)
West Palm Beach, Florida 33406 (City/state and zip code)
For further information concerning this matter, please call:
James McC. Wearn at (561) 659-0655  (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 409 E. Gaines Street  Tallahassee, FL 32399

## 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 6 statement of change is submitted for a corporation organized under the la in order to change its registered office or registered agent, or bo	ws of the State of Florida
1. The name of the corporation: The Lawrence Group Architects,	Incorporated
2. The principal office address: 205 Worth Avenue, Suite 301, P	alm Beach, Fl 33480
3. The mailing address (if different):	
4. Date of incorporation/qualification: 03/30/1987 Document	number: M49336
5. The name and street address of the current registered agent and registere Florida Department of State:	d office on file with the
James McCartney Wearn, Esq.	
2023 North Flagler Drive	SECR A
West Palm Beach, FL 33407	AFASS 6
6. The name and street address of the new registered agent (if changed) an (if changed):	d /or registered office 9 3
James McCartney Wearn, Esq.	26
1610 Southern Boulevard (P.O. Box NOT acceptable)	
West Palm Beach, FL 33406	-
The street address of its registered office and the street address of the b as changed will be identical.	 usiness office of its registered agent,
	Lawrence, President
(Stephure of an officer of duccion)  I hereby accept the appointment as registered agent and agree to act in I further agree to comply with the provisions of all statutes relative to to fmy duties, and I am familiar with and accept the obligation of my podocument is being filed merely to reflect a change in the registered officorporation has been notified in writing of this change.	this capacity. The proper and complete performance stion as registered agent. Or, if this ce address, I hereby confirm that the
James McC. Wearn If signing on behalf of an entity:	(Date) 2004
(Transd on Drinted Name)	F. (

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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