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From:

Account Name : BURGESS, HARRELL, MANCUSO, OLSON & COLTON, P
Account Number : I20000000104
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FOR AMND/RESTATE/CORRECT OR O/D RESIGN

THE LOFINO FAMILY FOUNDATION, INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE LOFINO FAMILY FOUNDATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N05000005661

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:

DONALD J. HARRELL
(Name of Contact Person)

BURGESS HARRELL MANCUSO OLSON & COLTON, P.A.
(Firm/Company)

1776 RINGLING BLVD.
(Address)

SARASOTA, FLORIDA 34236
(City/State and Zip Code)

For further information concerning this matter, please call:

DONALD J. HARRELL at (941) 366-3700
(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

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