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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BURGESS, HARRELL, MANCUSO, OLSON & COLTON, P

Account Number : I20000000104

Phone : (941)366-370C

Fax Number

: (941)366-0189

AMND/RESTATE/CORRECT OR O/D RESIGN

THE LOFINO FAMILY FOUNDATION, INC.

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6/25/2008

TO:

Amendment Section Division of Corporations Ho80001599,29 3

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

CR2E045 (8/05)

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

	provisions of sections 607.0502, 617.0302, 607.1508, or 617.1508, Florido Statutes, this tinge is submitted for a corporation organized under the laws of the State of Florida
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: THE LOFINO FAMILY FOUNDATION, INC.
2. The principal	office address: 420 BEACH ROAD, UNIT 809, SARASOTA, FLORIDA 34242
3. The mailing a	ddress (if different): SAME
4. Date of incom	constion/qualification; 06/01/05 Document number: N05000005661
	street address of the current registered agent and registered office on file with the tment of State:
	JOHN W. WEST, III . PEC S
	720 S. ORANGE AVENUE
	SARASOTA, FLORIDA 34236
6. The name and (if changed):	street address of the new registered agent (if changed) and for registered office
	DONALD J. HARRELL 33
	1776 RINGLING BLVD.
	(P.O. Box NOT acceptable)
	SARASOTA, FLORIDA 34236
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
maink	MICHAEL D. LOFINO
-	or of an officer ordination) (Printed or typed name and little)
I hereby accept I further agree of my duties, an document is het corporation has	the appointment as registered eyent and agree to act in this capacity, to complete performance to comply with the provisions of all statutes relative to the proper and complete performance at I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address. I hereby confirm that the volume of this change. 2.2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4
/ Won	well & June 6/25/12
, ,	half of an entity:
	Typod or Printed Name)
	** * FILING FEE: \$35.08 * * *

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail TO: Division of Corporations, P.O. Box 6327, Tallahassee, Pl. 32314 D