## 

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TALLANT SEEF FLEREN

RA/RD/Ch8

## **COVER LETTER**

TO: Amendment Section Division of Corporation	ns						
SUBJECT:	LCHA, IN		<del></del>				
	Name of Col	poration					
DOCUMENT NUMBER:	N060	00010003	<del></del>				
The enclosed Statement of Char	nge of Registered Office/	Agent and fee are submitte	ed for filing.				
Please return all correspondence	e concerning this matter t	o the following:					
	Lori D	arr					
	Name of Cont	act Person					
	LCHA, Inc.						
	Firm/Con						
	PO Box	314					
	Addre		<del></del>				
		=					
	Fort Myers, City/State and	FL 33902					
	City/State and	2.ip code					
	info@mylch	na.com					
E-mail add	ress: (to be used for fut	ure annual report notific	cation)				
For further information concern	ning this matter, please ca	11:					
Lori Da	arr	239	728-8218				
Name of Contac		at ( <u>239</u> ) Area Code & Daytim	e Telephone Number				
		,	•				
Enclosed is a \$35.00 check made	de payable to the Departn	nent of State.					
<u>Mailin</u>	g Address:	Street Address:					
Amen	dment Section	Amendment Sec					
	on of Corporations	Division of Cor					
- • - • -	Box 6327	Clifton Building 2661 Executive					
ı allan	assee, FL 32314	Tallahassee, FL					

TO:

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

		-	ed under the laws of the Sta ed agent, or both, in the Sta	· ———	
	the corporation: LCHA				
2. The principal	office address: 913 NE	23rd Terrace,	Cape Coral, FL 3390	9	
3. The mailing a	nddress (if different): <u>PO</u>	BOX 314, For	t Myers, FL 33902		
4. Date of incor	poration/qualification:	9/22/2006	Document number:	N06000010003	
	d street address of the currentment of State: (If resigne		nt and registered office on f	île with the	
	Ken Azevedo (resig	gned)	·		
	1918 NW 22nd Avenue				
	Cape Coral, FL 33993 US				
6. The name and (if changed):	I street address of the new	registered agent (	if changed) and /or register	red office 10 JAI 28 AMII: 12	
	Lori Darr	7.115			
	913 NE 23rd Terrad	ce	·	<b>!</b> .	
		P.O. Box NOT ac	eceptable	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	Cape Coral, FL 339	009			
The street address changed will	ess of its registered office be identical.	e and the street ad	dress of the business offic	e of its registered agent,	
Such change was authorized by the	as authorized by resolutine board, or the corporat	on duly adopted b ion has been notif	y its board of directors or ied in writing of the chang	by an officer so ge.	
YOU Signatu	re of an officer or director	<del></del> .	Lori Darr, T		
I hereby accept I further agree of my duties, an document is bel corporation has	the appointment as regi to comply with the provi nd I am familiar with and ing filed merely to reflect s been notified in writing	stered agent and disions of all statute lacept the obligon a change in the foot of this change.	agree to act in this capacit es relative to the proper ar ttion of my position as reg egistered office address, I	ty. id complete performance istered agent. Or, if this hereby confirm that the	
Jou V	lan		1-26-2	010	
	nature of Registered Agent		Date		
11 signing on be	chalf of an entity:				
т	yped 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 (8/05)