

**N070000 12069**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAR 11 AM 2:12

*PA/ro Change*

MAR 11 2014  
T. CARTER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LAMPLIGHTER VILLAGE ACTIVITIES, INC.  
Name of Corporation

DOCUMENT NUMBER: NO7000012069

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:

DOUG HELMS  
Name of Contact Person

LAMPLIGHTER VILLAGE ACTIVITIES, INC.  
Firm/Company

602 WAVESIDE DRIVE  
Address

MELBOURNE, FL. 32934  
City/State and Zip Code

GHOST-DR-83@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUG HELMS at (321) 722-9128  
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

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

1. The name of the corporation: LAMPLIGHTER VILLAGE ACTIVITIES, INC
2. The principal office address: 602 WAUGSIDE DRIVE  
MELBOURNE, FL 32934
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1-1-2008 Document number: N070000 12069
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)  
RESIGNED

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

DOUG HELMS  
602 WAUGSIDE DRIVE  
MELBOURNE, FL 32934

P.O. Box NOT acceptable

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.

Doug Helms  
Signature of an officer or director

Doug Helms - 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.

Doug Helms  
Signature of Registered Agent

3-5-14  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

CRS0045 (03/13)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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