

10900006853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800160994698

09/29/09--01014--002 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 30 PM 1:56

FILED

RA
C mg
S

10-509

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Living Only to See the Throne
Name of Corporation

DOCUMENT NUMBER: N09000006853

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:

LaShae Roberts
Name of Contact Person

Living Only to See the Throne
Firm/Company

2915 Sharer Road #1124
Address

Tallahassee, FL 32312
City/State and Zip Code

living_only_to_see_the_throne@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LaShae Roberts at (954) 303-4020
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

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 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Living Only to See the Throne
2. The principal office address: 2915 Sharer Road #1124
Tallahassee, FL 32312
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/14/2009 Document number: N09000006853
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)

LaShae Roberts

1325 W. Tharpe Street, #831

Tallahassee, FL 32303

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

LaShae Roberts

2915 Sharer Road #1124

P.O. Box NOT acceptable

Tallahassee, FL 32312

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 30 PM 1:56

FILED

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.



Signature of an officer or director

Christina Lewis, Vice-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.



Signature of Registered Agent

9/22/09

Date

If signing on behalf of an entity:

LaShae Roberts

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

CR2E045 (8/05)