

Division of Corporations

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71100002557

Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6380

From: Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239) 344-1100
Fax Number : (239) 344-1200

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Email Address: hfra@henlaw.com

**REGISTERED AGENT CHANGE
LOFA INC.**

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NOTICE OF FILING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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8/27/2013

AUG 27 2013

T. LEMIEUX

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Lofa, Inc.
2. The principal office address: 5551 Lockett Road, #D-168
Fort Myers, FL 33905
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/11/2011 Document number: N11000002557
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)

Amanda K. Barritt1715 Monroe Street, Box 280Fort Myers, FL 33902

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

HF Registered Agents, LLC1715 Monroe StreetP.O. Box NOT acceptableFort Myers, FL 33901

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.

Ronald E. Gilmore
Signature of an officer or director

Ronald E. GilmorePrinted 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]
Signature of Registered Agent

8-26-13Date

If signing on behalf of an entity:

Guy E. Whitesman, Vice PresidentTyped 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
CR2E043 (03/12)

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