

U97000004675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

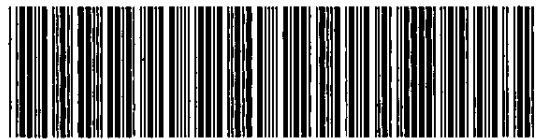
(Business Entity Name)

(Document Number)

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10 FEB 22 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

71  
01/27/10  
02/22/10



N. Michael Kouskoutis  
Attorney at Law

Law Offices  
of  
N. MICHAEL KOUSKOUTIS, P.A.

623 East Tarpon Avenue  
Tarpon Springs, FL 34689  
Ph: 727-942-3631  
Fax: 727-937-5453

February 18, 2010

Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Peter & Andrew Lambos Foundation, Inc.  
Document No. L970000904675

Dear Ladies/Gentlemen:

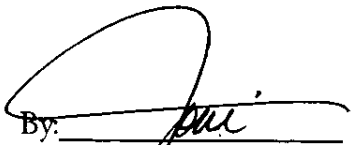
Enclosed you will find our check totaling the amount of \$35.00 to cover the cost of filing the following document:

- Statement of Change of Registered Office or Registered Agent or Both for Corporations

If you have any questions or concerns, please contact this office at your earliest convenience. I thank you in advance for your prompt attention to this matter.

Sincerely,

N. MICHAEL KOUSKOUTIS, P.A.

By: 

Joni L. Buscema  
Legal Assistant to  
N. Michael Kouskoutis, Esquire  
JLB

Enclosures: As referenced above

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Peter & Andrew Lambos Foundation, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N97000004675

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:

Joni L. Buscema  
Name of Contact Person

N. Michael Kouskoutis, P.A.  
Firm/Company

623 E. Tarpon Avenue  
Address

Tarpon Springs, FL 34689  
City/State and Zip Code

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

For further information concerning this matter, please call:

Joni L. Buscema at ( 727 ) 942-3631  
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: Peter & Andrew Lambos Foundation, Inc.
2. The principal office address: 16115 Craigend Place  
Odessa, FL 33556
3. The mailing address (if different): n/a
4. Date of incorporation/qualification: 08/15/1997 Document number: N97000004675

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)

George N. Klimis

27 E. Orange Street

Tarpon Springs, FL 34689

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

William Lambos

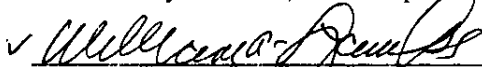
16115 Craigend Place

P.O. Box NOT acceptable

Odessa, FL 33556

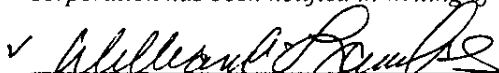
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

William Lambos  
Printed or typed name and title Director

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

2/10/2010  
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  
CR2E045 (8/05)

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AM  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA