P00000029762

Requestor's Name)	
address)		
ddress)		
City/State/Zip/Phor	ne #)	
☐ WAIT	MAIL	
Business Entity Na	ime)	
(Document Number)		
Certificate	es of Status	
Special Instructions to Filing Officer:		
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Office Use Only



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R.A.Charg C.COULLIETTE APR 1 3 2010

EXAMINER

COVER LETTER

TO: Amendment S Division of C	Section orporations	
SUBJECT:	-HCSOUT INC. Name of Cor	poration
DOCUMENT NUMI	BER: <u>P00000</u> 20	1762
The enclosed Stateme	nt of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all corre	spondence concerning this matter to	the following:
	Holle Gonz Name of Conta	2gle2_ act Person
_	Lytesout IN	pany
	1155 N ORANG Addre	E AVE
	OPLANDO FL City/State and	- 32804 Zip Code
E-	IVHESOUT @ be	IlsoutH.neture annual report notification)
For further informatio	n concerning this matter, please cal	l:
Hollie Name	GONZALOZ of Contact Person	at (407) 894 7252— Area Code & Daytime Telephone Number
Enclosed is a \$35.00 c	check made payable to the Departm	ent 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		
1. The name of the corporation: Lytesout INC.		
2. The principal office address: 1155 N ORANGE AVE		
OPLANDO FZ 32804		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 5/200 Document number: Poo000029762		
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)		
Falcorp		
ONE INDUDENDENT DR. STR 1300		
Falcorp ONE INDEPENDENT DR. Str. 1300 Tacksonville Fz 32202		
6. The name and street address of the new registered agent (if changed) and /or registered office. Lollip Gonzale2		
1155 N ORANGE AVE. P.O. Box NOT acceptable		
ORLANDO FL 32804		
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.		
Thomas A Rensenhouse Pres. Signature of an officer or director 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. 3 17 20 10 Signature of Registered Agent		
If signing on behalf of an entity:		
Hollie J GonzaleZ Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327. TALLAHASSEE, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *