

PO00000050981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

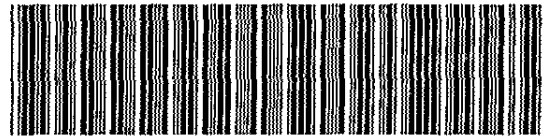
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R/A chg.

gm 12/29/03



EXIT REALTY CONNECTIONS
2108 3RD AVENUE
CRESTVIEW FL 32536
TEL: 850 683 1999
FAX: 850 683 0333

December 9, 2003

DEPARTMENT OF STATE
DIVISION OF CORRECTIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

To Whom It May Concern,

LINTHICOME ENTERPRISES INC., doing business as Exit Realty Connections, is enclosing the attached transmittal letter and associated documents for your immediate action. Non-receipt of any type of renewal notice and/or reminder for renewal of corporation status has caused our corporation status to lapse. Per conversation with your department on December 9, 2003, we have enclosed all requested paperwork and payment as requested. Thanks in advance for your assistance and cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Anthony J. Linthicome".

ANTHONY J. LINTHICOME

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LINTHICOME ENTERPRISES INC
(Name of corporation)

DOCUMENT NUMBER: P00000050981

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:

ROSALEE L LINTHICOME
(Name of person)

EXIT REALTY CONNECTIONS
(Name of firm/company)

2108 3RD AVE
(Address)

CRESTVIEW FL 32536
(City/state and zip code)

For further information concerning this matter, please call:

ANTHONY OR ROSALEE LINTHICOME at (850) 883-0416 OR 683 1999
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

685-2795

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: LINTHICOME ENTERPRISES, INC.
2. The principal office address: 2108 3RD AVE
CRESTVIEW FL 32536
3. The mailing address (if different): _____
4. Date of incorporation/qualification: MAY 24, 2000 Document number: P00000050981
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

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

Anthony J. Linthicome
2108 3rd Ave.

(P.O. Box or personal mailbox NOT acceptable)

Crestview, FL 32536

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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.

Anthony J. Linthicome
(Signature of an officer or director)

ANTHONY J. LINTHICOME, 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)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314