P01000064684

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SECRETARY OF STATE
TALLAHASSEE FLORINA



COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: L H Mongeon, Inc.						
(Name of corporation)						
DOCUMENT NUMBER: P01000064684						
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:						
Lorraine H. Mongeon						
(Name of contact person)						
L H Mongeon, Inc.						
(Firm/Company)						
P.O. Box 310849						
(Address)						
Miami, FL 33231-0849						
(City/state and zip code)						
For further information concerning this matter, please call:						
Lorraine H. Mongeon at (305) 375-9544 (Work) (Name of contact person) (Area code & daytime telephone number)						
(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 409 E. Gaines Street Tallahassee, FL 32399						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted for	ns 607.0502, 617.050 r a corporation organ stered office or registe	ized under the la	tws of the State of _	Florida
1. The name of the	ne corporation:	L H Mongeon,	Inc.		
2. The principal of					
		Miami, FL 33	137		
3. The mailing ad	ldress (if different)	P.O. Box 3108	49		
	·	Miami, FL 33			
4. Date of incorpo	oration/qualificatio	n: <u>June 27, 200</u>	1 Document	number: <u>P010000</u>	064684
5. The name and Florida Depart		e current registered ag	gent and register	ed office on file with	h the
	Lorraine	e H. Mongeon			_
	1475 NE	121 Street, #2	13		
-	North M	iami, FL 33161			
6. The name and (if changed):	street address of th	e new registered agen	t (if changed) an	nd /or registered offic	05 SEC
-	Lorraine H	Mongeon			RETA AHA
_	555 NE 34t	h St., #202			LE 24 RY SSEI
	-	(P.O. Box NOT acceptable)			F. S
-	Miami, FL	33137			ORI ORI
The street address as changed will be	ss of its registered be identical.	office and the street	address of the b	usiness office of its	s registered agent,
Such change was authorized by the	authorized by rese board, or the cor	solution duly adopted poration has been no	l by its board of tified in writing	directors or by an of the change.	officer so
,	of apolicer or director	•		e H. Mongeon.	
I hereby accept the I further agree to of my duties, and document is bein corporation has	he appointment as a comply with the d I am familiar with g filed merely to r been notified in w	s registered agent an provisions of all statt h and accept the obli eflect a change in th riting of this change.	d agree to act in ites relative to t gation of my po e registered offi	n this capacity, the proper and com sition as registered ce address, I hereb	plete performance I agent. Or, if this y confirm that the
HAMO	moson		Septemb	per 19, 2005	
Sign	nature of Registered Ager	nt)		(Date)	
If signing on beh	alf of an entity:				
(Ty	ped or Printed Name)				

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