Po1000091786

(Requestor's Name)
(Address)
(Address)
(,
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



500141382625



01/21/09--01018--004 **35.00

ZOO9 JAN 21 AM II: 58

KS 2009

COVER LETTER

SUBJECT: The Legs	al Dept., Inc.			
	(Name of	Corporat	ion)	
DOCUMENT NUMBER: P01000091786				
The enclosed Statemen	t of Change of Registered O	ffice/Age	nt and fee are submitted for filing.	
Please return all corres	pondence concerning this ma	itter to the	e following:	
	Sandra K.	Racicot_		
(Name of Contact Person)				
	The Legal I	Dent Inc		
The Legal Dept. Inc. (Firm/Company)				
603 Gina Lane				
	(Addre	ess)		
Melbourne, FL 32940				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Sandra K. Raci	cot	_at	(321) 213-3780	
(Name of Contact P	erson)	(A	rea Code & Daytime Telephone Number)	
Enclosed is a \$35.00 cl	neck made payable to the De	partment	of State.	
	Mailing Address:		Street Address:	
	Amendment Section		Amendment Section	
	Division of Corporations		Division of Corporations	
	P.O. Box 6327		Clifton Building	
	Tallahassee, FL 32314		2661Executive Center Circle	

Tallahassee, FL 32301

TO: · Amendment Section

Division of Corporations

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: The Legal Dept. Inc.
2. The principal office address: 603 Gina Lane, Melbourne, Florida 32940
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/17/2001 Document number: P01000091786
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)
Sandra K. Racicot
745 Ashbury Avenue
Melbourne, FL 32940 Melbourne, FL 32940
Sandra K. Racicot 745 Ashbury Avenue Melbourne, FL 32940 6. The name and street address of the new registered agent (if changed) and /or registered office state (if changed):
603 Gina Lane
(P.O. Box NOT acceptable)
Melbourne, FL 32940
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.
Sandra K. Racicot, President (Signature of an officer or director) Sandra K. Racicot, 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. Summer 15, 2009 (Signature of Registered Agent)
(Signature of Registeted Agent) If signing on behalf of an entity:

(Typed or Printed Name)