

PO1000091786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

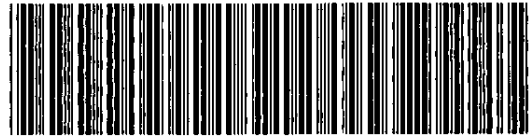
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**NRAI
CORPORATE
SERVICES**
An NRAI Solutions Company

August 10, 2011

Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

RE: The Legal Dept., Inc.
Order # PS/FL20110510

Dear Sir/Madam:

I now enclose the required form to change the agent, principal office and mailing address on behalf of the above named company..

We also enclose a check in the amount of \$35.00 in payment of your fees.

Please file the enclosed as soon as possible, returning evidence to the undersigned.

If for any reason filing(s) cannot be completed, please let me know by calling our toll free number 877-261-6823 x 1759.

Best regards,


Peter F. Souza
Vice President/Senior Corporate Specialist

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE LEGAL DEPT., INC.
(Name of Corporation)

DOCUMENT NUMBER: P01000091786

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:

Peter F. Souza
(Name of Contact Person)

NRAI Corporate Services, LLC
(Firm/Company)

10100 West Sample Road, Suite 101
(Address)

Coral Springs, FL 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter F. Souza at (877) 261-6823
(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: THE LEGAL DEPT., INC.

2. The principal office address: 8917 Champions Way
Port St. Lucie, FL 34986

3. The mailing address (if different): P. O. Box 881986
Port St. Lucie, FL 34988

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:

SANDRA K. RACICOT
438 KIMBERLY DRIVE
MELBOURNE, FL 32940

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

NRAI Services, Inc.
515 East Park Avenue
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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
(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.

[Signature]
(Signature of Registered Agent)

8/9/2011
(Date)

If signing on behalf of an entity:

Peter F. Souza, Assistant Secretary
(Typed or Printed Name)

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