PD3000064927

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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12/11/13--01005--022 **35.00

13 DEC 11 ANTI: 43



RO/RA Change

DEC 1 7 2013 T. CARTER





Amendment Section Division of Corporations TO:

SUBJECT: L.A. Trais/ CO/P. Name of Corporation
DOCUMENT NUMBER: P 03000064927
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:
Name of Contact Person
Firm/Company
PO 80+ 392 Address
Lelifh Actes, FL, 33976 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TiNGERCE at (25%) 565-5469 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 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 Status states at Z	,
in order to change its registered office or registered agent, or both, in the State of Florid	la.
1. The name of the corporation: C.A. Traul Cop.	
2. The principal office address: 400 Ham 504 Dr.	
Lehigh Acres, FL, 33970	
Lehigh Acres, Fly 33970 3. The mailing address (if different): PO - BOX 382, Lehigh Acres)	.FG 5387
4. Date of incorporation/qualification:	00064927
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)	e
Edact Homes Cop.	
190 Warlow Ave	SEC TALL 13 [
Idigle Acres, FG 33974	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Freidin L Juglis P.A.	ED OF STATE SUPLOBIO ANTI: 43
Howard Fredien P.O. Box NOT acceptable	
P.O. Box NOT acceptable	_
2245 McGregor Blud, Fort Myco, Fl, 389	シ /
The street address of its registered office and the street address of the business office of its registered will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	er so
FINGERCE	UP
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 r agent. Or, if this document is being filed merely to reflect a change in the registered office add hereby confirm that the corporation has been notified in writing of this change.	; egistered dress, I
Signature of Registeled Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	•

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)