

P03000087742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

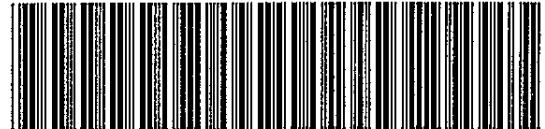
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PAUL &
ELKIND, P.A.

ATTORNEYS AT LAW

HARLAN L. PAUL*
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**Board Certified Trial Lawyer*

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505 DELTONA BOULEVARD
SUITE 106
DELTONA, FL 32725
PHONE: 386-574-5634
FACSIMILE: 386-574-5665

REPLY TO:

DeLand

September 23, 2003

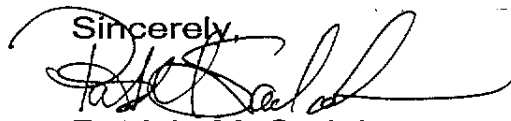
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

RE: CHANGE OF REGISTERED OFFICE ADDRESS FOR
LENNON INSURANCE SERVICES, INC.

Dear Clerk:

Enclosed please find our Statement of Change of Registered Office or Registered Agent or Both for Corporations. If you have any questions, please feel free to contact me.

Sincerely,



Patricia M. Sadaka
Legal Assistant to Harlan L. Paul

PS/ms

enclosure

cc: Ms. Donna Lennon, President



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: LENNON INSURANCE SERVICES, INC.
2. The principal office address: 206 CHANCERY LANE
DELAND, FL 32724
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/11/03 Document number: P03000087742

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TALLAHASSEE, FLORIDA

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

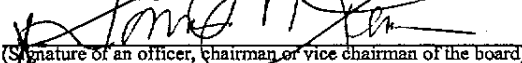
DONNA LENNON
206 CHANCERY LANE
DELAND, FL 32724

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

330 N. WOODLAND BLVD
DELAND, FL 32724
(P.O. Box or personal mailbox NOT acceptable)

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.


(Signature of an officer, chairman or vice chairman of the board)

Donna Lennon, 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 AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314