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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate: | s of Status |
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AND ANASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 18, 2005

LYNN CAMPBELL L.C. DIVERSIFIED, INC. 8 NW 125 AVENUE OCALA, FL 34482

SUBJECT: L.C. DIVERSIFIED, INC.

Ref. Number: P04000006531

We have received your document for L.C. DIVERSIFIED, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete #6 of your document if you have had a change in the registered office address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Letter Number: 505A00035637

Pamela Smith Document Specialist

A 24 PH 12: 05

COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: LC DIVERSIFIED (Name of corporation) DOCUMENT NUMBER: PO 40000 6531 | | | |
| DOCUMENT NUMBER: VO 40000 6531 | | | |
| 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) | | | |
| LC DIVERSIFIED (Firm/Company) | | | |
| 8 NW 125 AVE (Address) | | | |
| OCALA FL 34482 (City/state and zip code) | | | |
| For further information concerning this matter, please call: | | | |
| Name of contact person) at (352) 624 - 90LO (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 | | | |

CR2E045(6/04)

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

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| statement of change is submitted for a corporation organized under the laws of the State of |
|--|
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: L.C. DIVERSIFIED, Inc. E |
| 2. The principal office address: 8 NW 125" AVE 2 |
| OCALA FL 34482 |
| 3. The mailing address (if different): |
| |
| 4. Date of incorporation/qualification: 12/31/2003 Document number: 10 4000001 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| DANIEL JUADE |
| 3391 E SILVER SPRINGS BLVD |
| PO BOX #2618 OCALA FL 34498. |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| 8 NH 125 AVE |
| OCALA |
| (P.O. Box NOT acceptable) |
| <u></u> |
| 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. |
| L'al compael Le CAMPBELL |
| 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: |
| (Tuned or Printed Name) |

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