

P04000063714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

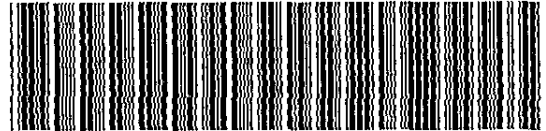
(Business Entity Name)

(Document Number)

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Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/8/05

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lexzar International Corp.
(Name of Corporation)

DOCUMENT NUMBER: P04000063714

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:

Robert Traill
(Name of Contact Person)

Lexzar International Corp.
(Firm/Company)

9100, S. Dadeland Blvd.,
(Address)

Suite 905, Miami, Florida 33156, U.S.A.
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Alan Orth, Esquire at (305) 757-3300
(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: Lexzar International Corporation
2. The principal office address: ~~1221 N.W. 185 Street~~
~~Miami, Florida 33169~~ 960 S. Dadeland Blvd, #905, Miami, FL 33156
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/16/04 Document number: P04000063714

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

Robert Traill

9100 South Dadeland Blvd. Suite 905

Miami, Florida 33156

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

Scott Alan Orth, Esquire

3880 Sheridan Street

(P.O. Box NOT acceptable)

Hollywood, FL 33020

05 NOV 28 PM 1:18
FILED
SECRETARY OF STATE
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.

(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 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)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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3. The mailing address (if different): _____
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Robert Traill9100 South Dadeland Blvd., Suite 905Miami, Florida 33156

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Robert Traill
(Signature of an officer or director)

ROBERT TRAILL - President & CEO
(Printed or typed name and title)

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[Signature]
(Signature of Registered Agent)

11/23/05
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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