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Richard T. Heiden, P.A. ATTORNEYS AT LAW

Richard T. Heiden * + o • + • • •

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Clearwater, FL 33761

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Licensed to Practice:

All Florida State Courts* Middle District of FL-Fed Courts+ Southern District of FL-Fed Courts® United States District Court - 11th Circuit* United States Supreme Court • Certified Circuit Court Mediator + Arbitrator Θ

December 6, 2012



VIA U.S. MAIL

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

> RE: Statement of Change of Registered Office and Registered Agent

> > Loupaul, Inc. - Document No. P04000077630

Our Ref. No.: 12-1821

Dear Sir/Madam:

I enclose herewith for filing with the Florida Department of State, Division of Corporations the corrected Statement of Change of Registered Office and Registered Agent for Loupaul, Inc., along with the additional filing fee in the amount of \$10.00 in accordance with Mr. Kohr's Letter to this office dated November 28, 2012, which is also attached hereto.

Thank you, and please contact this office should you have any questions.

Sincerely,

RICHARD TO HEIDEN, P.A.

Richard T. Heiden, Esq.

RTH/amc

Enclosures: Statement of Change of Registered Office and Registered Agent Form

Check No. 8420

Letter dated November 28, 2012 from Buck Kohr, Division of Corporations

COVER LETTER

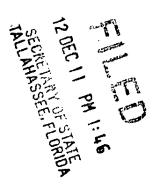
	gistration Section vision of Corporations		
SUBJECT	· Г:	LOUPAUL, INC.	
		imited Liability Company	
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.	
Please retu	arn all correspondence concerning		
	Richard T. Heiden, Esq.		
		ADATE.	
	Richard T. Heiden, P.A. Firm/Company	·	
	TimbCompany		
	2723 State Road 580 Address		
	Clearwater, FL 33761 City/State and Zip Code		
E-mail a	richardheiden@rthlaw.com address: (to be used for future annual report no	tification)	
For further	information concerning this matte	er, please call:	
R	Richard T. Heiden, Esq. Name of Person	at (727) 771-7888 Area Code & Daytime Telephone Number	
STI	REET/COURIER ADDRESS:	MAILING ADDRESS:	
		Registration Section	
	Division of Corporations Division of Corporations		
	ton Building	P.O. Box 6327	
	1 Executive Center Circle lahassee, Florida 32301	Tallahassee, Florida 32314	
Ene	closed is a check for the following	g amount:	
V 9	S25 Filing Fee	\$55 Filing Fee & Certified Copy	



November 28, 2012

RICHARD T. HEIDEN, ESQ. RICHARD T. HEIDEN, P.A. 2723 STATE ROAD 580 CLEARWATER, FL 33761

SUBJECT: LOUPAUL, INC. Ref. Number: P04000077630



We have received your document for LOUPAUL, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because LOUPAUL, INC. is a corporation, it must use a CORPORATION R.A. CHANGE FORM.

Please complete, sign, and return the enclosed form.

ALSO, please note that the fee required to file a corporate R.A. change is \$35.00.

Please include a check for an ADDITIONAL \$10.00, when you return your completed form.

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) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 312A00028313

COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: LOUPAUL, INC. Name of Corporation						
DOCUMENT NUMBER: P04000077630						
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:						
Richard T. Heiden, Esq.						
Richard T. Heiden, P.A. Firm/Company						
2723 State Road 580						
Clearwater, FL 33761 City/State and Zip Code						
richardheiden@rthlaw.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Richard T.Heiden, Esq. at 727 771-7888 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 Street Address: Amendment Section						

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

statement of cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org r to change its registered office or regi	anized under the laws of the S	tate of Florida
1. The name of t	the corporation: LOUPAUL, INC		
2. The principal	office address: 1283 Bayshore E	Blvd., Dunedin, FL 346	698
	D D D 444	O Dalm Hawkey El 24	1600
3. The mailing a	address (if different): P.O.Box 141	9, Paint Harbot, FL 34	1002
4. Date of incorp	poration/qualification: 05/13/2004	Document number:	P04000077630
5. The name and	d street address of the current registered truent of State: (If resigned, enter resigned,	d agent and registered office of	12 DEC 11 PH 1: 16
	David J. Kurland, Esq.		HAST T
	850 Clearwater-Largo Road	d SW	SEE SEE
	Largo, FL 33770-4470		FLORA TELEP
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or regis	tered office
	Richard T. Heiden, Esq.		
	2723 State Road 580		
	Clearwater, FL 33761	IOT acceptable	
The street address changed will	ess of its registered office and the stre	et address of the business off	ice of its registered agent,
	an authorized by resolution duly adop the board, or the competation has been		
law	Gognil	Paul J. Sc	
I hereby accept	the appointment as registered agent to comply with the provisions of all si my duties, and I am familiar with an is document is being filed undrely to r was the corporation has the in notifie	and agree to act in this capac	city. and complete
· H	2	12/5	/2012
-	nature of Registered Agent	Date	····
If signing on be	chalf of an entity: Lad T. Heiden Typed or Printed Name		

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