P04000/58940

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Lugenbar, Inc		
50B012C1	(Name of Corporation	n)
DOCUMENT NUMBER: PO400)158940	
The enclosed Statement of Change o	f Registered Office/Agent a	and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the fo	llowing:
Roy D. Barker,	Jr. (Name of Contact Pers	
	(Name of Contact Pers	son)
Lugenbar, Inc	(Firm/Company)	
	(Film/Company)	
PO Box 151562		
	(Address)	
Cape Coral, Fl 3		
	(City/State and Zip Co	de)
For further information concerning the	is matter, please call:	
Roy D. Barker,Jr (Name of Contact Per	son) at (<u>2</u> 3	39) 560-1799 rea Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made pay		
Mailing Ade Amendmen Division of P.O. Box 6 Tallahassee	Corporations 327	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, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Lugenbar, Inc.
2. The principal	office address: PO Box 151562 Cape Coral Florida 33915
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 11/22/2004 Document number: P04000158940
	d street address of the current registered agent and registered office on file with the rtment of State:
	CAREY, WALTER P
	4419 DEL PRADO BOULEVARD, Suite 2
	CAPE CORAL FL 33904
6. The name and (if changed):	CAREY, WALTER P 4419 DEL PRADO BOULEVARD, Suite 2 CAPE CORAL FL 33904 distreet address of the new registered agent (if changed) and /or registered office Barker, Jr, Roy D.
	Barker, Jr, Roy D.
	5303 Chiquita Blvd S
,	(P.O. Box NOT acceptable)
	Cape Coral, FL 33914
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Joy []]	The of apoliticer or director) Roy D BARKER JR VICE PRISIDENT FOR (Printed or typed name and title) Concentrate for
	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
11/11/11	gnature of Registered Agent) 5/22/06 (Date)
(Sig	gnature of registered Agent) (Date)
If signing on be	half of an entity:
Pay D B	Typed or Printed Name)

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