

POS0001140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

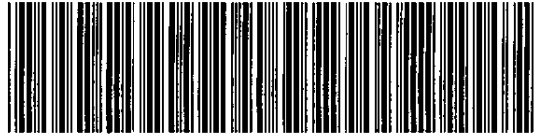
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12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michael Lessard, Inc
Name of Corporation

DOCUMENT NUMBER: P05000011140

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:

Deanne Bonnet
Name of Contact Person

Michael Lessard, Inc
Firm/Company

34 NE 8th STREET
Address

OCALA, FL 34470
City/State and Zip Code

dinahjane1@cox.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deanne Bonnet at (352) 629-6677
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2009

DEANNE BONNET
34 NE 8 ST
OCALA, FL 34470

SUBJECT: MICHAEL LESSARD, INC
Ref. Number: P05000011140

We have received your document for MICHAEL LESSARD, 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):

The registered agent must sign accepting the designation.

Deanne Bonnet needs to sign the registered agent change giving the authorization.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 409A00025177

**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: Michael Lessard, Inc
2. The principal office address: 34 NE 8th STREET - Ocala, FL 34470
3. The mailing address (if different): _____
4. Date of incorporation/qualification: July 13, 2009 Document number: P05000011140
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

GREENE, ROBERT C

2838 SE 37TH ST

OCALA, FL 34470

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

HARRELL, GREGORY C

7 EAST SILVER SPRINGS BLVD 500

P.O. Box NOT acceptable

OCALA, FL 34470

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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.

Deanne Bonnet

Signature of an officer or director

Deanne Bonnet, ST/D

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.

G. C. All

Signature of Registered Agent

JULY 13, 2009

Date

If signing on behalf of an entity:

Deanne Bonnet, ST/D

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

CR2E045 (8/05)