

POS0000062411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

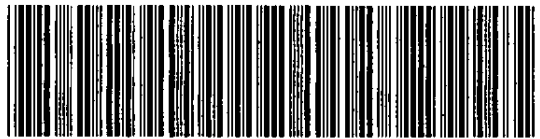
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300161223653

10/06/09--01027--005 **35.00

FILED
09 OCT -6 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA-RO
10/14/09

**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: LFMG Management, Inc.
2. The principal office address: 9485 SW 72nd St. Suite A-295
Miami FL 33173
3. The mailing address (if different): —

4. Date of incorporation/qualification: 4/29/2005 Document number: P05000062411

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)

Kunkel, John
9485 SW 72nd St., Suite A-295
Miami FL 33173

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

SAT Registered Agents, LLC
11900 Biscayne Blvd. Suite 280
Miami FL 33181
P.O. Box NOT acceptable

FILED
09 OCT -6 PM 3:40
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]
Signature of an officer or director

John Kunkel, PST
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]
Signature of Registered Agent

9/23/09
Date

If signing on behalf of an entity:

Typed or Printed Name

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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LFMG Management Inc.
Name of Corporation

DOCUMENT NUMBER: P0500006241

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:

Mr. Stephen A. Taylor
Name of Contact Person

The Law Office of Stephen A. Taylor, P.L.
Firm/Company

11900 Biscayne Blvd., Suite 280
Address

Miami FL 33181
City/State and Zip Code

info@satlegal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Taylor at (305) 722-0091
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