## P06000040732

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(Re	questor's Name)				
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: LUDOVICI BUILDING ONE, INC

Name of Corporation

DOCUMENT NUMBER: P06000040732

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:

EDWARD P. LUDOVICI

Name of Contact Person

LUDOVICI & LUDOVICI, PA

Firm/Company

9000 SW 152 STREET, SUITE 106

Address

PALMETTO BAY, FL 33157

City/State and Zip Code

alex@ludovici-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD P. LUDOVICI

,,305 \235-87

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

statement of ch	e provisions of sections 607.0502, 6 cange is submitted for a corporation fer to change its registered office or	n organized under the law.	s of the State of	FLORIDA
<ol> <li>The name of</li> <li>The principa</li> </ol>	the corporation: LUDOVICI But office address: 9000 SW 152	UILDING ONE, INC	O	
	address (if different): SAME			
4. Date of inco	rporation/qualification: 03/20/06	Document n	umber: P0600	00040732
	nd street address of the current regis artment of State: (If resigned, enter		i office on file w	vith the
	EDWARD P. LUDOVICI			
	17415 SOUTH DIXIE HI	IGHWAY		-
	PALMETTO BAY, FL 3	3157		_
6. The name an (if changed):	nd street address of the new register :	ed agent (if changed) and	/or registered o	ffice
	SAME		→~, 2:	_ <del>~~</del> ?
	9000 SW 152 STREET,	SUITE 106		
		Box NOT acceptable	**	
	PALMETTO BAY, FL 3	3157	Fig.	_ 💢 🔛
The street addr as changed wil	ress of its registered office and the l be identical.	street address of the busi	iness office of i	ts registered agent,
Such change authorized by	eas authorized by resolution duly a the board, or the conservation has be	dopted by its board of di	rectors or by an the change.	officer so
Mi	well Luck	′ EDWARD P.	LUDOVICI,	PRESIDENT
	ture of an officer or director		or typed name and ti	tle
I further agree performance o agent. Or, if the	It the appointment as registered age to comply with the provisions of a fing duties, and I am familiar with his document is being filed merely that the corporation has been not	ill statutes relative to the and accept the obligation to reflect a change in the	proper and cor on of my position registered office	nplete n as registered ce address, I
alu	ust the	<u> </u>		
Si	gnature of Registered Agent	<del></del>	Date	
If signing on b	ehalf of an entity:			
EDWARD	P. LUDOVICI			
	Typed or Printed Name			

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

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