

PD60000041782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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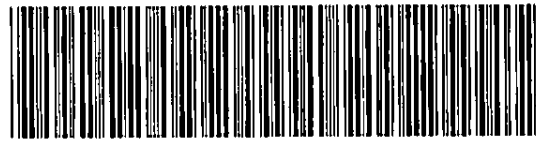
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Lucas Garage and Trucking Inc.  
Name of Corporation

DOCUMENT NUMBER: P06000041782

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:

Lloyd D. Lucas  
Name of Contact Person

Lucas Garage and Trucking Inc.  
Firm/Company

3021 US# 1  
Address

Mims FLA. 32754  
/ City/State and Zip Code

Jackie Lucas 47@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lloyd D. Lucas at 321 803-3527 cell  
Name of Contact Person Area Code & Daytime Telephone Number  
321 567-0297

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**

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: Lucas Garage and Trucking Inc.  
2. The principal office address: 3021 US#1  
Mims, FLA. 32754  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: March 20, 2006 Document number: PO16000041782  
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)

John H. Evans, Esq.  
1702 S. Washington Ave.  
Titusville, FLA. 32780

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

Kristy A. Mount, P.A.  
1702 S. Washington Ave  
P.O. Box NOT acceptable  
Titusville, FL. 32780

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.

Lloyd D. Lucas  
Signature of an officer or director

Lloyd D. Lucas President  
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.

Kristy A. Mount  
Signature of Registered Agent

12-3-18  
Date

If signing on behalf of an entity:

Kristy A. Mount  
Typed or Printed Name

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