(Requestor's Name)	
(Address)	600139051086
(Address)	333133331333
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	12/19/0801027021 **35.00
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	1
	2008 DEC 19 SEGRETARY ALLAHASSEE
	TARY CASSEE

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: LG Squared, Inc. (Name of Corporation)	
DOCUMENT NUMBER: <u>P06000046949</u>	
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:	
Heather Ford (Name of Contact Person)	
(Name of Contact Person)	
Ford and Associates, PA	
Ford and Associates, PA (Firm/Company)	
205 N. Armenia Ave., Suite 10 (Address)	1
Tampa, FL 33609	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Jodi Laumer-Giddens at ( 404 )	961-0610
(Name of Contact Person) (Area Code	961-0610 & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address:  Amendment Section  Street Address:  Amendment Section	Idress: nent Section
	of Corporations
P.O. Box 6327 Clifton I	-

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of the Stat	of Florida
The name of the corporation: LG Squared, Inc.	
2. The principal office address: 855 Peachtree St., Unit 801	
Atlanta, GA 30308	
3. The mailing address (if different): same	
4. Date of incorporation/qualification: <u>04-03-2006</u> Document number: <u>P060</u>	000046949
5. The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned)	with the
Jodi Laumer-Giddens	•
4212 Marguerite St.	<u> </u>
Tampa, FL 33603	2008 DEC SECRETATALLAHA
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):	19 ARY SSS
Heather Ford	
205 N. Armenia Ave., Suite 101 (P.O. Box NOT acceptable)	AM IO: O6 OF STATE EE, FLORIDI
Tampa, FL 33609	
The street address of its registered office and the street address of the business office o as changed will be identical.	f its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	an officer so
(Signature of an officer or director)  Jodi Laumer-G (Printed or typed name a	Siddens
Thereby 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 c of my duties, and I am familiar with and accept the obligation of my position as registe document is being filed merely to reflect a change in the registered office address, I he corporation has been notified in writing of this change.	complete performance ered agent. Or, if this reby confirm that the
(Signature of Registered Agent) 12/9/08 (Signature of Registered Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name)	

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