P0600052367

(Requestor's N	ame)		
(Address)			
(Address)			
,			
(City/State/Zip/	Chana #		
(City/State/Zip/	Priorie #)		
PICK-UP WA	T MAIL		
(Business Entit	y Name)		
·	•		
(Document Number)			
Certified Copies Certif	icates of Status		
Special Instructions to Filing Office	·r'		
opoolar mondetions to 1 ming onto	"		
	ļ		

Office Use Only



000291444740

10/25/16--01032--001 **35.00

1/a Chg oct 28 2016

R. WHILE

16 0CT 25 AH IO: 29

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: LUDOVICI BUILDING FOUR, INC

Name of Corporation

DOCUMENT NUMBER: P06000052367

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 \,\235-872

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

		0502, 607.1508, or 617.1508, Florida St	
•	• • •	ganized under the laws of the State of <u>f</u> tistered agent, or both, in the State of Fi	
	the corporation: LUDOVICI BUIL		orau.
1. The name of	office address: 9000 SW 152 S	TREET SUITE 106	
	TO BAY, FL 33157		
3. The mailing a	address (if different): SAME		
		·	
4. Date of incor	poration/qualification: 4/12/06	Document number: P06000	0052367
.5. The name and		ed agent and registered office on file wit gned)	h the
	EDWARD P. LUDOVICI		
	17415 SOUTH DIXIE HIGH	YAW	
	PALMETTO BAY, FL 331	57	
6. The name and (if changed):	d street address of the new registered a	ngent (if changed) and /or registered offi	<u> </u>
	SAME		007 2
	9000 SW 152 STREET, SI	JITE 106	a Ci
		NOT acceptable	-
	PALMETTO BAY, FL 331	<u>o/</u>	
The street addras changed will	ess of its registered office and the stre be identical.	eet address of the business office of its	registered agent,
Such change was authorized by	as authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by an o notified in writing of the change.	fficer so
lam	M/ Jun :	EDWARD P. LUDOVICI, P	
I hereby accept I further agree	' my duties, and I am tamiliar with an	Printed or typed name and title and agree to act in this capacity. tatutes relative to the proper and comp d accept the obligation of my position reflect a change in the registered office d in writing of this change.	olete as registered
Coli	enel from	10/20/16	
	mature of Registered Agent	Date	
	ehalf of an entity:		
	P. LUDOVICI 'yped or Printed Name		
L	ypou or i innou rianic		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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