

P06000097608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

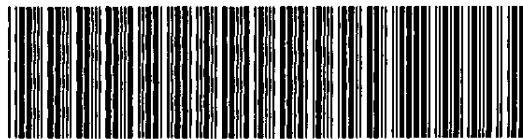
(Business Entity Name)

(Document Number)

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2011 AUG 18 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TBrown 8-19-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lamp Enterprises, Inc.
Name of Corporation

DOCUMENT NUMBER: PO6000097608

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:

Sandra Steele
Name of Contact Person

Lamp Enterprises, Inc.
Firm/Company

PO Bx 904
Address
Chokoloskee
~~Everglades~~, Florida 34138
City/State and Zip Code

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

For further information concerning this matter, please call:

Sandi Steele at (239) 695-2807
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

CL #1609
8/15/11

**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: Lampenter Prises, Inc.
2. The principal office address: 926 Panther Creek Lane
Everglades, FL 34139
3. The mailing address (if different): P.O. Box 904 Chokoloskee, FL 34138
4. Date of incorporation/qualification: 7/25/2006 Document number: PO6000097608

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)

Lamphere, Mark A. Jr.
305 B Collier Ave.
Everglades City, FL 34139 US

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

Steele, Sandra J.
926 Panther Creek Ln.
Everglades, Florida 34139 US
P.O. Box NOT acceptable

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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.

Sandra J. Steele
Signature of an officer or director

Sandra J. Steele
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.

Sandra J. Steele
Signature of Registered Agent

8/12/11
Date

If signing on behalf of an entity:

Typed or Printed Name

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