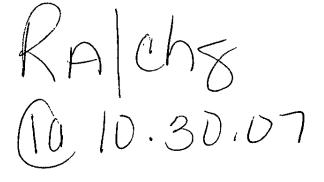
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| (Requestor's Name) | | | |
|---|---------------------|----------|--|
| (Address) | | | |
| (Ad | ldress) | | |
| (Cit | ty/State/Zip/Phone# |) | |
| PICK-UP | ☐ WAIT | MAIL . | |
| (Bu | siness Entity Name) |) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates of | f Status | |
| Special Instructions to Filing Officer: | | | |
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|--|---|--|--|--|
| SUBJE | CCT: L.G.M LABOR SUPPORT, INC (Name of Corporate | tion) | | |
| DOCU | MENT NUMBER: (P07000018008) | | | |
| The en | closed Statement of Change of Registered Office/Agen | t and fee are submitted for filing. | | |
| Please | return all correspondence concerning this matter to the | following: | | |
| | GILBERTO C CORCINO (Name of Contact Pe | erson) | | |
| L.G.M LABOR SUPPORT, INC (Firm/Company) | | | | |
| 507 NOTTINGHAM BLVD, UNIT #2 (Address) | | | | |
| WEST PALM BEACH, FLORIDA 33405 (City/State and Zip Code) | | | | |
| For fur | ther information concerning this matter, please call: | | | |
| GILBE | RTO C CORCINO at (Name of Contact Person) | 248-3917 (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 cha | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statute, hange is submitted for a corporation organized under the laws of the State of der to change its registered office or registered agent, or both, in the State of Florida. | |
|--|--|--|
| 1. The name of t | f the corporation: L.G.M LABOR SUPPORT, INC | |
| | al office address: 507 NOTTINGHAM BLVD, UNIT #2, WEST PALM BEACH, FLOR | IDA 33405 |
| 3. The mailing a | address (if different): | |
| 4. Date of incorp | orporation/qualification: 02/03/2007 Document number: (P0700001800 | 98) |
| | nd street address of the current registered agent and registered office on file with the artment of State: | |
| | LUIS A TORRES | |
| | 507 NOTTINGHAM BLVD, UNIT #2 | g |
| | WEST PALM BEACH, FLORIDA 33405 | VISION OT C |
| 6. The name and (if changed): | nd street address of the new registered agent (if changed) and /or registered office | SECRE OF CORPORATIONS INVISION OF POCT 29 PM 1: 28 |
| | MOISES SANCHEZ | PA (PORA |
| | 507 NOTTINGHAM BLVD, UNIT #2 | 1: 28 |
| | (P.O. Box NOT acceptable) WEST PALM BEACH, FLORIDA 33405 | . حق |
| The street addre | ress of its registered office and the street address of the business office of its regis | stered agent. |
| - | was authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change. | |
| Belle | into Colley 10/2/07 | |
| (Signatu I hereby accept I further agree t of my duties, an document is bei corporation has | of the appointment as registered agent and agree to act in this capacity. The the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered agencient gives a change in the registered office address, I hereby con as been notified in writing of this change. | performance it. Or, if this firm that the |
| Matt | 10/2/07 | |
| | Senature of Registered Agent) (Date) | - |
| - - | DR SUPPORT, INC | |
| | (Typed or Printed Name) | |

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