

P08000002860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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RO Change
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LORD & VALENCIA COMMERCIAL CORP.
(Name of Corporation) ■

DOCUMENT NUMBER: P08000002860

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:

GLEND A VELASCO
(Name of Contact Person)

LORD & VALENCIA COMMERCIAL CORP.
(Firm/Company)

911 NW 209TH AVE. UNIT 112
(Address)

PEMBROKE PINES, FL 33029
(City/State and Zip Code)

For further information concerning this matter, please call:

GLEND A M. VELASCO LOPEZ at (754) 4234747
(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

RECEIVED
2009 FEB 16 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2009

GLENDA VELASCO
LORD & VALENCIA COMMERCIAL CORP.
911 NW 209TH AVE., UNIT 112
PEMBROKE PINES, FL 33029

SUBJECT: LORD & VALENCIA COMMERCIAL CORP.
Ref. Number: P08000002860

We have received your document for LORD & VALENCIA COMMERCIAL CORP., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file your document is \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 809A00006025

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TALLAHASSEE, FLORIDA

**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: LORD & VALENCIA COMMERCIAL CORP.
2. The principal office address: 2800 GLADES CIRCLE SUITE 122 WESTON, FL 33327
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/08/2008 Document number: P08000002860
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)

MRS. GLENDA VELASCO

2800 GLADES CIRCLE SUITE 122 WESTON, FL 33327

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

911 NW 209TH AVE. UNIT 112

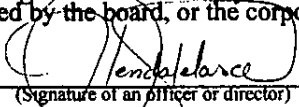
PEMBROKE PINES, FL 33029

(P.O. Box NOT acceptable)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(Signature of an officer or director)

Glenda Velasco / 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.


(Signature of Registered Agent)

02/10/09.
(Date)

If signing on behalf of an entity:

Glenda Velasco
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)