

PO800005/801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

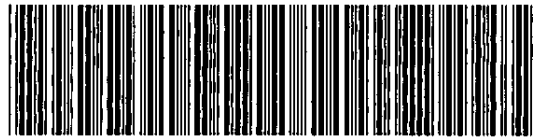
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800160453068

09/14/09--01050--002 \*\*35.00

09 OCT - 1 PM 5:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ROCH  
CRG  
10/12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2009

VERONICA LEVEL  
1045 SE 7TH CT APT 204  
DANIA BCH, FL 33004

SUBJECT: LVE ENTERPRISES, INC.  
Ref. Number: P08000051801

We have received your document for LVE ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Part 6 of your form should contain the new information for the registered agent.

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) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 609A00030591

RECEIVED

2009 OCT -1 AM 8:00

REARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LVE ENTERPRISES INC  
Name of Corporation

**DOCUMENT NUMBER:** P 08000051801

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:

VERONICA LEVEL  
Name of Contact Person

LVE ENTERPRISES INC  
Firm/Company

1045 SE 7<sup>th</sup> CT APT#204  
Address

DAVID BEACH FLORIDA 33004  
City/State and Zip Code

LVE.ENTERPRISES.INC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VERONICA LEVEL at (954) 8223401  
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**

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: LVE ENTERPRISES INC
2. The principal office address: 1045 SE 7<sup>th</sup> CT APT # 204  
DANIA BEACH, FL 33004
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/23/2008 Document number: P08000051801
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)

LUIS A. GARCIA  
1045 SE 7<sup>th</sup> CT APT # 204  
DANIA BEACH, FL 33004

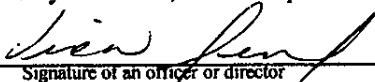
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LUIS A. GARCIA  
1045 SE 7<sup>th</sup> CT APT # 204  
DANIA BEACH, FL 33004

P.O. Box NOT acceptable

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

VERONICA  
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

09/08/2009  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)

09 OCT - 1 PM 5:02

RECEIVED  
TALLAHASSEE, FLORIDA