

P08000076024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lazy Lizard Enterprises, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Patricia A. Stotts  
Name of Contact Person

PO8000076024  
Firm/Company

3817 Rosebriar St.  
Address

Springfield, MO 65807  
City/State and Zip Code

paczs247@att.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerri A. Stotts at (913) 486-1150  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2010

PATRICIA A STOTTS  
3817 BOSEBRIAR ST  
SPRINGFIELD, MO 65807

SUBJECT: LAZY LIZARD ENTERPRISES INC.  
Ref. Number: P08000076024

We have received your document for LAZY LIZARD 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):

The designation of the registered agent must be at a Florida street address.

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) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 410A00025785

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SECRETARY OF STATE  
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 this corporation: Lazy Lizard Enterprises, Inc.
2. The principal office address: 10823 Tamiami Trail N  
NAPLES, FL 34108
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08-14-08 Document number: POS000071624

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)

US Corporation Agents, Inc. - resigned  
320 S. Flamingo Rd 347  
Pembroke Pines, FL 33027

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

Patricia A. Stolls  
~~3517 Rosebriar St.~~ 832 97th Avenue N.  
Springfield, NC 27587 NAPLES, FL 34108  
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.

Patricia A. Stolls  
Signature of officer or director

Terri A. Stolls / 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.

Patricia A. Stolls  
Signature of Registered Agent

10-26-10  
Date

If signing on behalf of an entity:

Patricia A. Stolls  
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

CR28145 (8/05)

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