P09000061174

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
(Only Outer 2 pri Hone II)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
<u></u>	٦
Special Instructions to Filing Officer:	١
	١
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Office Use Only



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10 JAN -4 AM 9: 07
SECRETARY OF STATE
ALL AHASSEE FLOORING

R.A. Charge C.COULLIETTE JAN 08.2010

EXAMINER

COVER LETTER

TO:	Amendmen Division of	nt Section f Corporations								
SUBJI	ECT:		nto Services Inc fCorporation							
DOCU	IMENT NUI	MBER: P0900006117	74							
The en	closed Stater	ment of Change of Registered C	Office/Agent and fee are submitted for filing.							
Please	return all coi	rrespondence concerning this m	atter to the following:							
	Brent Ballard									
	Name of Contact Person									
	Loubrento Services Inc									
Firm/Company										
5342 Clark Road										
	•		Address							
		Sarasota, E	L 34233							
City/State and Zip Code										
	Cintomy@aol.com									
E-mail address: (to be used for future annual report notification)										
For fur	ther informat	tion concerning this matter, ple	ase call:							
Brent Ballard 941 915-6066										
	Nam	ne of Contact Person	at (941) 915-6066 Area Code & Daytime Telephone Number							
Enclose	ed is a \$35.00	0 check made payable to the De	epartment of State.							
		Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Solution of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 6 nge is submitted for a c									, this	····
in order	r to change its registere	ed office	or regist	ered ag	ent, or b	oth, in	the Sta	te of Fl	lorida.		
1. The name of the	he corporation:	Loub	rento	Ser	vices	In	c				
2. The principal	office address:	5342 Clark Road Saraota, FL 34233									
		Sara	oca,	F.P	3423						
3. The mailing ac	ddress (if different):										
4. Date of incorp	oration/qualification: _	7-20	-09		ocumen	t numl	ber:1	P0900	0006	1174	1
	street address of the cu tment of State: (If resig				d registe	red of	fice on 1	file witl	h the		
	CORPORAT	ion	Serv	ice	Cor	n sa	ny				
	1201 Ha	4 S	ST.			•	•				
	Tallaha	ssee	<u>, F(</u>		301				Z.⊄	_ .	
	street address of the ne		•	nt (if ch	anged) a	nd /or	register	red offic	ECRET	MAL 0	
	Brent Ball	ard							SSE YES	<u>+</u>	E SLAMPINGS N-IN-SERIA
	5342 Clark									100	
	C		O. Box NO	-	ole				S X	ED .	
	Sarasota,	FL	3423	<u> </u>					で マンプ	-1	
The street address changed will	ss of its registered offi be identical.	ce and t	he street	addres	s of the	busine	ss offic	e of its	regist	ered a	gent,
Such change was authorized by the	s authorized by resolu e board, or the corpora	tion dul	y adopted s been no	d by its stified i	board o	f direc	ctors or le chang	by an oge.	officer	so	
Signafurt	e of an officer or director		_		B	nted of	typed ham	Band till	7 C C 1	AR	2
	the appointment as reg o comply with the prov d I am familiar with an ng filed merely to refle been notified in writin	gistered visions of ad accep ct a cha g of this	agent an of all stat of the obl nge in th of change	d agree utes rei igation e regis							
	/1/1/		_			1,	- (<u>5</u>	0	9		
_	ature of Registered Agent						Date			, <u></u>	
If signing on bel	nait of an entity:										
Ту	ped or Printed Name										

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

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