

P090000065966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

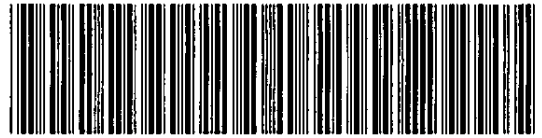
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*registered
address
change*

10/01/09--01017--008 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*AR
10/1/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lyon Group Associates Inc
Name of Corporation

DOCUMENT NUMBER: P09000065966

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:

Cristian Marcelo Anizio Eugenio
Name of Contact Person

Lyon Plastering Inc
Firm/Company

540 SW 182 Way
Address

Pembroke Pines, FL 33029
City/State and Zip Code

lyonplaster@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristian Marcelo Anizio Eugenio at (954) 433 1011
Name of Contact Person Area Code & Daytime Telephone Number
305 318 1505

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: Lyon Group Associates Inc
2. The principal office address: 540 SW 182 Way, Pembroke Pines, FL 33029
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/04/2009 Document number: P09000065966
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)

Cristian Marcelo Anizio Eugenio

875 NW 213 LN, Ste 104

North Miami, FL 33169

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

Cristian Marcelo Anizio Eugenio

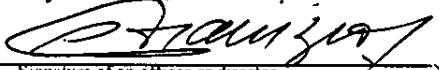
540 SW 182 Way

P.O. Box NOT acceptable

Pembroke Pines, FL 33029

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

Cristian M. A. Eugenio / 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

09/22/2009

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)

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