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(Re	equestor's Name)		
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C.COULLIETTE

MAY 13 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporati	ons		
SUBJECT:	Alliance Lucier	way, Inc.	
	Name of C	corporation	
DOCUMENT NUMBER:	P10	000048765	
The enclosed Statement of Ch	ange of Registered Offic	e/Agent and fee are subm	nitted for filing.
Please return all corresponden	ce concerning this matte	r to the following:	
	Stephen B. Ha	arris, President	,,
	Name of Co	mact Person	
Alliance Lucien Way, Inc.			
	Firm/Co	ompany	
1760 Bristol Road, P.O. Box 160			
	Add	ress	
	Warrington, PA	A 18976-0160	
	City/State a	A 18976-0160 nd Zip Code	
E mail and	sharris@harri		:6:1:
E-maii ac	dress: (to be used for t	uture annual report not	incation)
For further information conce	rning this matter, please	call:	
Otanhan D. Han	i. Dunnidant	045	0.40.0000
Stephen B. Har Name of Conta		at (Z15)	343-9000 time Telephone Number
Name of Colla	ict i crson	Aica Code & Day	time relephone Number
Enclosed is a \$35,00 check ma	ade payable to the Depar	tment of State.	
Maili	ng Address:	Street Addres	<u>s:</u>
	ndment Section sion of Corporations	Amendment S Division of C	
	Box 6327	Clifton Build	•
	hassee, FL 32314		ve Center Circle
	,	Tallahassee,	

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida rto change its registered office or registered agent, or both, in the State of Florida.
	he corporation: Alliance Lucien Way, Inc.
2. The principal	office address: 1760 Bristol Road, P.O. Box 160, Warrington, PA 18976-0160
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: June 4, 2010 Document number: P10000048765
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	CT Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office Orlando Central Services, Inc. Attn: Felicia Flores
	Charles Controls, mon, ram i chola i lord
	1060 Maitland Center Commons, Suite 400
	P.O. Box NOT acceptable Maitland, FL 32751
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signatur	Stephen B. Harris, President e of an officer or director Stephen B. Harris, President Printed or typed name and fifte
I hereby accept I further agree t of my dulies, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Alleno	Star Segistered Agent Date
1	half of an entity:
Ty	Felicia Flores yped or Printed Name

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