(Requestor's Name)	
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OCT 28 2018

R. While

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT. LUDOVICI BUILDING EIGHT, INC

Name of Corporation

DOCUMENT NUMBER, P10000054278

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:

EDWARD P. LUDOVICI

Name of Contact Person

LUDOVICI & LUDOVICI, PA

Firm/Company

9000 SW 152 STREET, SUITE 106

Address

PALMETTO BAY, FL 33157

City/State and Zip Code

alex@ludovici-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD P. LUDOVICI

, 305

235-8720

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

	•	7.0502, 607.1508, or 617.1508, Florid	•
-	•	organized under the laws of the State (egistered agent, or both, in the State (•
1. The name of	the corporation: LUDOVICI BU	ILDING EIGHT, INC.	
	office address: 9000 SW 152 S	STREET, SUITE 106	
	address (if different): SAME		
4. Date of incorp	poration/qualification: 06/28/10	Document number: P10	000054278
5. The name and		red agent and registered office on file signed)	with the
	EDWARD P. LUDOVICI		
	17415 SOUTH DIXIE HIGHWAY		
	PALMETTO BAY, FL 331	157	
6. The name and (if changed):	l street address of the new registered	agent (if changed) and /or registered	offices 5
	SAME		77 27
9000 SW 152 STREET, SUITE 106			
P.O. Box NOT acceptable PALMETTO BAY, FL 33157		<u>.</u>	
m	-		- 9
The street address changed will	ess of its registered office and the st be identical.	reet address of the business office of	f its registered agent,
Such change was authorized by	peauthorized by resolution duly add the board, or the corporation has been	opted by its board of directors or by a n notified in writing of the change.	an officer so
William	re of an officer or director	Printed or typed name and	
I hereby accept I further agree to performance of	the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a	71	omplete ion as registered
illu	and folice.	10/20/16	
·	nature of Registered Agent	Date	
•	half of an entity: P. LUDOVICI		
	yped 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 * * *