Office Use Only



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10/25/11--01007--020 **35.00

R.A.
TBrown 10-26-11

COVER LETTER

то:	Amendment Section Division of Corpor	on rations	·	·	
SUBJI	ECT:	LASANTHI COF		ON	
		Name of 0	Corporation		
DOCUMENT NUMBER:		P10	P10000069315		
The en	closed Statement of	Change of Registered Office	ce/Agent and f	fee are submitted for filing.	•
Please	return all correspond	dence concerning this matte	er to the follow	ving:	
				·	
		PERCY SII	RWARDANA	4	
		Name of Co	ontact Person		
		LASANTHI C		ON	
		Firm/C	Company		
			•		
		9514 S. [DIXIE HWY		
		Ad	dress		
		MAMi	FL 33156	·	
		City/State a	and Zip Code	<u> </u>	
			-		
		percy.siriwardaı	na@yahoo.d	com	
	E-mail	address: (to be used for	future annual	l report notification)	
For fur	ther information cor	ncerning this matter, please	call:		
	PERCY SI	RIWARDANA	at (30	5) 670-7896	
	Name of Co	ontact Person	Area C	5) 670-7896 Code & Daytime Telephone Nur	nber
Enclos	ed is a \$35.00 check	made payable to the Depa	rtment of State	2 .	
	<u>M</u>	ailing Address:	<u>Sti</u>	reet Address:	
	Ai	mendment Section	Ar	mendment Section	
		ivision of Corporations		vision of Corporations	
		O. Box 6327 Illahassee, FL 32314		ifton Building 61 Executive Center Circle	
	1.0	manassee, i L J2J14	20	OI LACCULIVE CUITE CHOIC	

Tallahassee, FL 32301

, . 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 cange is submitted for a corporation organized under the laws of the State of FLORIDA
	er to change its registered office or registered agent, or both, in the State of Florida. the corporation: LASANTHI CORPORATION
2. The principal	office address: 9514 S. DIXIE HWY, MIAMI, FLORIDA 33156
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 8/23/2010 Document number: P10000069315
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	PERCY SIRIWARDANA
	PERCY SIRIWARDANA 18093 S. DIXIE HWY MIAMI, FLORIDA 33157
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	PERCY SIRIWARDANA
	9514 S. DIXIE HWY P.O Box NOT acceptable
	MIAMI, FLORIDA 33156
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
	PERCY SIRIWARDANA, PRESIDENT
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. The complete performance and tall the provisions of all statutes relative to the proper and complete performance at I am familiar with and accept the obligation of my position as registered agent. Or, if this and it is a statute of the proper and complete performance at I am familiar with and accept the obligation of my position as registered agent. Or, if this age is the proper and complete performance and tall the proper and tall tall tall the proper and tall tall tall tall tall tall tall tal
	10/20/11
Sign	nature of Registered Agent Date
If signing on bel	half of an entity:
	CY SIRIWARDANA //ped 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)