

P11000001723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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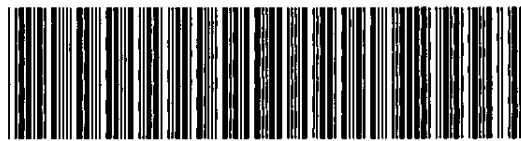
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JAN 30 PM 4:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 8 0 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2012

WILLIAM K. GRAY
LGS PROPERTIES, INC.
1267 SYDNEY CT
ALTAMONTE SPRINGS, FL 32714

SUBJECT: LGS PROPERTIES, INC.
Ref. Number: P11000001723

We have received your document for LGS PROPERTIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 712A00000334

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LGS Properties, Inc.
Name of Corporation

DOCUMENT NUMBER: P11000001723

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:

William K Gray
Name of Contact Person

LGS Properties, Inc.
Firm/Company

1267 Sydney Ct.
Address

Altamonte Springs, Fl. 32714
City/State and Zip Code

graythomas.inc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William K Gray at (321) 438-8014
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**

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: LGS Properties, Inc.
2. The principal office address: 1267 Sydney Ct.
Altamonte Springs, Fl. 32714
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/05/2011 Document number: P11000001723
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)

USA-RA LLC

841 Prudential Drive 12th Floor

Jacksonville, Fl. 32207

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

William K Gray

1267 Sydney Ct.

P.O. Box NOT acceptable

Altamonte Springs, Fl. 32714

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

Brian Shackelford, Director
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

01/26/2012
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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