

P.110000025912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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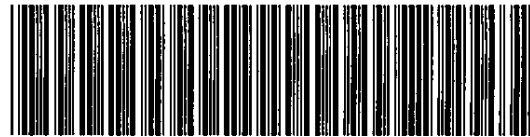
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Luzo Management, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P11000025912

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:

Brenden S. Rendo  
Name of Contact Person

Luzo Management, Inc  
Firm/Company

405 Majorca Ave.  
Address

Altamonte Springs, FL 32714  
City/State and Zip Code

415firststreet@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenden S. Rendo at ( 407 ) 616-9019  
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: Luzo Management, Inc.
2. The principal office address: 1260 Tallacoe Trail  
New Smyrna Beach, FL 32168
3. The mailing address (if different): 301 Hidden Lake Drive  
Sanford, FL 32773
4. Date of incorporation/qualification: 03/15/2011 Document number: P11000025912
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)

## Brenden Rendo

405 Majorca Ave.

**Altamonte Springs, FL 32714**

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

## Brenden Rendo

**301 Hidden Lake Drive**

P.O. Box NOT acceptable

Sanford, FL 32773

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

**Brenden Rendo**

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

1/13/2012

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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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