

PII 000045565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

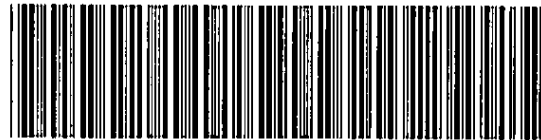
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FEDERAL BUREAU OF INVESTIGATION

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOCKWOOD ENTERPRISES, INC.
Name of Corporation

DOCUMENT NUMBER: P11000045565

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:

Robert M. Bulfin, Esq.

Name of Contact Person

Panza Maurer & Maynard, P.A.

Firm/Company

2400 E. Commercial Boulevard, Suite 905

Address

Fort Lauderdale, Florida 33308

City/State and Zip Code

rbulfin@panzamaurer.com

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

For further information concerning this matter, please call:

Robert M. Bulfin

Name of Contact Person

at (954)

390-0100

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: LOCKWOOD ENTERPRISES, INC.
2. The principal office address: 1141 South Service Road West
DAKVILLE, ONTARIO L6L 6K4 CA
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/11/2011 Document number: P11000045565
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)

Robert M. Bulfin, Esq.

2826 East Oakland Park Boulevard, Suite 200

Fort Lauderdale, Florida 33306

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

Robert M. Bulfin, Esq.

2400 E. Commercial Boulevard, Suite 905

P.O. Box NOT acceptable

Fort Lauderdale, Florida 33308

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]
Signature of an officer or director

Tim Lockwood
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.

Robert M. Bulfin
Signature of Registered Agent

May 18, 2021
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 (04/13)

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-12-2011 BY 6034

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