

P11000065225

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*R.A. Chg.*  
C.COULLIETTE

AUG 30 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lumepath Corp  
Name of Corporation

**DOCUMENT NUMBER:** P1100065225

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:

Douglas Cogen  
Name of Contact Person

Lumepath Corp  
Firm/Company

101 Cherokee Street  
Address

Miami Springs 33166  
City/State and Zip Code

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

For further information concerning this matter, please call:

Douglas Cogen at ( 786 ) 514-3203  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lumepath Corp
2. The principal office address: 101 Cherokee Street  
Miami Springs, FL 33266
3. The mailing address (if different): P.O Box 661656 Miami Springs, Florida 33266
4. Date of incorporation/qualification: 07/19/2011 Document number: P1100065225
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)

Lawrence P. Metsch  
20801 Biscayne Blvd Ste 308  
Aventura FL 33180

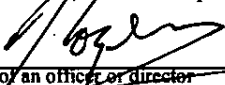
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Douglas Cogen  
101 Cherokee Street, Miami Springs, Florida 33166  
P.O. Box NOT acceptable

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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

Douglas Cogen  
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

08/25/2011  
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