## P13000008027

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
<del>_</del>				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Octanica Copies				
Consideration to Filip Officer				
Special Instructions to Filing Officer:				

Office Use Only



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DIVISION OF CORPORATION

13 FEB 12 PH 2: 55

R.A.

FEB 1 3 2013

T. BROWN

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Luxury Duty Free Inc

Name of Corporation

DOCUMENT NUMBER: 46-1863262

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:

John Maloney

Name of Contact Person

Luxury Duty Free Inc

Firm/Company

2034 Alta Meadows Lane, #1301

Address

Delray Beach, FL, 33444

City/State and Zip Code

jmaloney2@mac.com

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

For further information concerning this matter, please call:

John Maloney

,305

753-8726

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2013

JOHN MALONEY LUXURY DUTY FREE INC. 2034 ALTA MEADOWS LANE #1301 DELRAY BEACH, FL 33444

SUBJECT: LUXURY DUTY FREE INC.

Ref. Number: P13000008027

We have received your document for LUXURY DUTY FREE 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.

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) 245-6050.

Teresa Brown Regulatory Specialist II

Letter Number: 013A00002244

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	this	-
1. The name of	the corporation: Luxury Duty F	Free Inc		
2. The principal	office address: 2034 Alta Mea	adows Lane, #1301, Delray Beach	, FL, (	33444
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 1/25/13	Document number: 46-1863262		
	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)		
	United States Corporation	on Agents, Inc		
	13302 Winding oak Cou	irt, A	<u> </u>	SE
	Tampa, FL, 33612		FEB	CRET
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office	12 74	ARY OF
	Duty Free Distributors,	Inc.	(S)	STAI
	902 Clint Moore Rd, #21		ěi	OK:
	Boca Raton, FL, 33487	NOT acceptable		
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of its register	red ager	ıt,
Such change was	as authorized by resolution duly ad the board, or the corporation has been	opted by its board of directors or by an officer seen notified in writing of the change.	0	
	re of an officer or director	John Maloney		
I hereby accept I further agree performance of	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with	Printed or typed name and title  nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as regis o reflect a change in the registered office addres fied in writing of this change.	stered 's, I	
_Buli	L Sinseman	1/25/13		
	half of an entity:	Date		
Julie Sense	•			
T	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

\* \* \* FILING FEE: \$35.00 \* \* \*