

P14000005986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

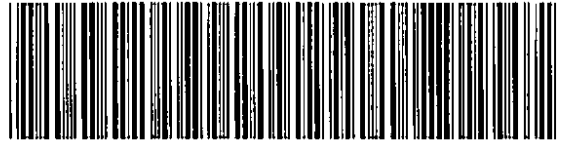
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Lofty Asset Management  
Name of Corporation

DOCUMENT NUMBER: P 1400000 5986

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:

Michael Holmes  
Name of Contact Person

Lofty Asset Management  
Firm/Company

4025 Sunbeam Rd  
Address

Jacksonville, FL 32257  
City/State and Zip Code

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

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 SEP 10 AM 11:00

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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: Lofty Asset Management INC

2. The principal office address: 4025 Sunbeam Rd

3. The mailing address (if different):

4. Date of incorporation/qualification: 01/20/2014 Document number: P14000005986

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)

Lisa Mankoski / 9471 Baymeadows Rd - STE 108  
Jacksonville, FL 32256


18 SEP 10 2M11:00  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

Lisa Mankoski  
4025 Sunbeam Rd  
P.O. Box NOT acceptable  
Jacksonville, FL 32257


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

Michael Holmes  
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

Lisa 9/5/18  
Date

If signing on behalf of an entity:

Lisa Mankoski  
Typed or Printed Name

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