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## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJI Name	ECT: LODESTAR CONSULTING, INC. of Corporation		
DOCU	JMENT NUMBER: P14000027806		
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:			
DOUG	GLAS M HARROLD		
Name	of Contact Person		
LODESTAR CONSULTING, INC.			
Firm/C	Company	<del></del>	
1317 B	EDGEWATER DR. SUITE 1468		
Addres			
ORLA	NDO, FL 32804		
City/State and Zip Code			
	DOUG@LODESTARCONSU	JLTING.COM	
E-mail address: (to be used for future annual report notification)			
	,		
For further information concerning this matter, please call:			
DOUG	GLAS M HARROLD	316-7970	
	Name of Contact Person	at (561 )316-7970  Area Code & Daytime Telephone Number	
Enclos	sed is a \$35.00 check made payable to the I	Department of State.	
	Mailing Address:	Street Address:	
	Mailing Address: Amendment Section	Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	

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