P15000056656

| (Re | questor's Name) | • | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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#IVISION OF THE PROPERTY

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COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | | |
|--|--|--|--|--|--|--|
| SUBJI | ECT: Lucarter, Inc. Name of Corporation | | | | | |
| | Traile of Corporation | | | | | |
| DOCU | MENT NUMBER: P15000056656 | | | | | |
| The en | closed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | | |
| Please | return all correspondence concerning this matter to the following: | | | | | |
| | Paul Ruffolo | | | | | |
| | Name of Contact Person | | | | | |
| | A CONTROL OF CONTROL O | | | | | |
| Firm/Company | | | | | | |
| | 1023 Windance Dr. | | | | | |
| | Address | | | | | |
| | McDonald, PA 15057 | | | | | |
| | City/State and Zip Code | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| | paul.ruffolo@gmail.com E-mail address: (to be used for future annual report notification) | | | | | |
| E-mail address. (to be used for future annual report notification) | | | | | | |
| For fu | rther information concerning this matter, please call: | | | | | |
| • | | | | | | |
| Paul F | Name of Contact Person at (412) 310 - 9290 Name of Contact Person Area Code & Daytime Telephone Number | | | | | |
| | Name of Contact Person Area Code & Daytime Telephone Number | | | | | |
| Enclos | ed is a \$35.00 check made payable to the Department of State. | | | | | |
| | | | | | | |
| | Mailing Address: Street Address: Amendment Section Amendment Section | | | | | |
| | Division of Corporations Amendment Section Amendment Section Division of Corporations | | | | | |
| | P.O. Box 6327 Clifton Building | | | | | |
| | Tallahassee, FL 32314 2661 Executive Center Circle | | | | | |
| | Tallahassee, FL 32301 | | | | | |

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

| statement of change is submitted for a corporation organization order to change its registered office or regist | nized under the laws of the State of Florida | | - |
|---|--|-------------|--|
| 1. The name of the corporation: Lucarter, Inc. | | | ************************************** |
| 2. The principal office address: 3030 N. Rocky Point Dr. | , STE 150A | | |
| Tampa FL 33607 | | | |
| 3. The mailing address (if different): | | | |
| 4. Date of incorporation/qualification: 06/30/2015 | Document number: P15000056656 | | |
| 5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned) | • | | |
| Paul R. Ruffolo | | | |
| 700 E. Dorchester Dr. | | | \.# |
| Saint Johns, FL 32259 | | | ISIAI PE |
| 6. The name and street address of the new registered age (if changed): | ent (if changed) and /or registered office | 2017 JAN 17 | ON OF CON |
| Registered Agents Inc. | | #> # | 84. 84. |
| 3030 N. Rocky Point Dr., STE 150A | Faccentable | ±+ | A |
| Tampa FL 33607 | 1 acceptable | | |
| The street address of its registered office and the street as changed will be identical. | address of the business office of its registere | d age | nt, |
| Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no | d by its board of directors or by an officer so tified in writing of the change. | | |
| M (3/1) | Paul R. Ruffolo, President | | _ |
| I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat | Printed or typed name and title and agree to act in this capacity. The proper and complete | • | |
| performance of my duities, and I am familiar with and a agent. Or, if this document is being filed merely to refl hereby confirm that the corporation has been notified i | accept the obligation of my position as registe lect a change in the registered office address, | red I | |
| Bel Home | 01/11/2017 | | |
| Signature of Registered Agent | Date | | _ |
| If signing on behalf of an entity: | | | |
| Typed or Printed Name | | | |

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