P150000 72836

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SECRETARY OF STATE

TALLAHASSEF STATE

JQ 09/23/20

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Lacson-Smith Co. Name of Corporation			
DOCUMENT NUMBER: P15000072836			
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Grant Smith			
Name of Contact Person			
Lacson-Smith Co.			
Firm/Company			
2494 Blanding Blvd., Ste 10			
Address			
Middleburg, Fl 32068			
City/State and Zip Code			
questsmith@outlook.com			
E-mail address: (to be used for future annual repo	ort notification)		
For further information concerning this matter, please	call:		
Grant Smith	at (239)826-6000		
Name of Contact Person	at (239)826-6000 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.		
Mailing Address:	Street Address:		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

•		7.0502 , 607.1508 , or 617.1508 , Florida organized under the laws of the State of $rac{1}{2}$		his ———	_
in orde	r to change its registered office or i	registered agent, or both, in the State of F	Florida.		
1. The name of (the corporation: Lacson-Smith Co.				_
2. The principal	office address: 2494 Blanding Blvd.	, Ste 10, Middleburg, FI 32068			_
3. The mailing a	ddress (if different):			<u></u>	
4. Date of incorp	poration/qualification: Aug. 28, 201	5 Document number: P150000	72836		
5. The name and		ered agent and registered office on file w			
	Registered Agents Inc.		_		
	2016 S Tuttle Ave., Ste A		- 500 - 500 - 500	2020	
	Sarasota, FL 34239		1.6.1.4 A.1.3.4.1.4	2020 AUG -3	
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered of	RY OF S HASSEE	₽	m C
	Registered Agents Inc.		_ 곤돌	8: 3 8	
	7901 4th St N, STE 300		נייז	8	
	1	P.O. Box NOT acceptable			
	St. Petersburg, FL 33702		_		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of i	ts register	red ager	nt,
Such change wa authorized by the	as authorized by resolution duly a no board or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer s	0	
//		Grant	- 4.5	ath.	Secreta
J	re of an officer or director	Printed or typed name and t	itte		
I hereby accept I further agree of my duties, an document is bel corporation has	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this cl	ent and agree to act in this capacity. Il statutes relative to the proper and con he obligation of my position as registere e in the registered office address, I here hange.			ice his he
		July «	28/20		
Sig	mature of Registered Agent	Date			_
If signing on be	chalf of an entity:				
	Bill Haure				
Т	yped or Printed Name				

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