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MAY 21 2018 I ALBRITTON

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: 0540LGI Trading Company

Name of Corporation

umpen P1

P16000034917

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:

## Albert Fernandez

Name of Contact Person

**LGI Trading Company** 

Firm/Company

1557 SW 186th Terrace

Address

Pembroke Pines

City/State and Zip Code

Igitadingco@gmail.com

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

For further information concerning this matter, please call:

Albert Fernandez

,954

562-0540

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



May 3, 2018

ALBERT FERNANDEZ LGI TRADING COMPANY, INC. 1557 SW 186TH TERRACE PEMBROKE PINES, FL 33029

SUBJECT: LGI TRADING COMPANY, INC.

Ref. Number: P16000034917

We have received your document for LGI TRADING COMPANY, 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):

The registered agent must sign accepting the designation.

If the corporation is a <u>PROFIT</u> corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 318A00009153

Division of the property of th

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this are is submitted for a corporation organized under the laws of the State of Florida'	
	to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: LGI Trading Company, Inc		
2. The principal of	office address: Albert Fernandez	
3. The mailing ac	Idress (if different): 1557 SW 186th Terrace Pembroke Pines 33029	
4. Date of incorp	oration/qualification: 4-18-2016Document number: P16000034917	
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Legalzoom	
	13302 WINDING OAK COURT A	
	13302 WINDING OAK COURT A  TAMPA, FL 33612 US  street address of the new registered agent (if changed) and /or registered office.	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	Albert Fernandez	
	1557 SW 186th Terrace	
	P.O. Box NOT acceptable	
	Pembroke Pines, FL 33029	
The street address changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	
	ALBERT FERNANDEZ  Frinted 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.		
	5-11-2018	
S gn	ature of Registered Agent Date	
If signing on bel	nalf of an entity:	
Ту	ped 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 \* \* \*