

P18000041394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

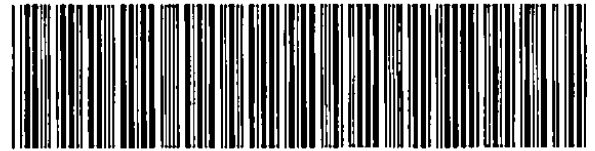
(Business Entity Name)

(Document Number)

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04/02/20--01005--008 **35.00

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2020 MAY 12 PM 12:54
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lucas Distributing Services Inc.
Name of Corporation

DOCUMENT NUMBER: P18000041394

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:

Thomas J Lucas Jr
Name of Contact Person

Lucas Distributing Services Inc
Firm/Company

249 Terranova Blvd
Address

Winter Haven, Florida 33884
City/State and Zip Code

ustang2000@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas J Lucas Jr at (863) 595-7897
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RF

2020H

TAL

April 15, 2020

THOMAS J. LUCAS, JR.
219 TERRANOVA BLVD
WINTER HAVEN, FL 33884

SUBJECT: LUCAS DISTRIBUTING SERVICES INC
Ref. Number: P18000041394

2020 APR 12 PM 10:27

We have received your document for LUCAS DISTRIBUTING SERVICES 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):

Section 607.1622(7) or 617.1622(7), Florida Statutes, provides that a corporation can file an amended annual report. The enclosed form can be used for designating the current officers, directors, or registered agent or you have the option of filing online with a credit card at our website www.sunbiz.org.

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: 420A00008003

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LUCAS Distributing Services Inc.
2. The principal office address: 219 Terranova Blvd
Winter Haven, Florida 33881
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05-03-2016 Document number: P18000041394
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)

corporate creations Network Inc
501 US Highway 1
North Palm Beach, FL 33408

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

Thomas Lucas
219 Terranova Blvd
P.O. Box NOT acceptable
Winter Haven, FL 33881

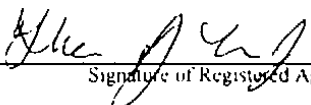
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Thomas J Lucas Jr Pres
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

5-8-2020
Date

If signing on behalf of an entity:

Thomas J Lucas
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)