

P21000022574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

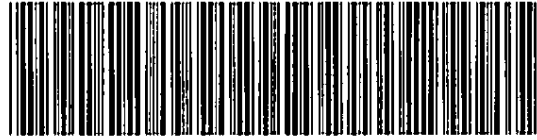
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SECRETARY OF STATE  
TALLAHASSEE, FL

RA Change

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D CUSHING

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: L & D specialties Inc  
Name of Corporation

DOCUMENT NUMBER: P 21000022574

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:

Lemuel Prescott  
Name of Contact Person

Firm/Company

4403 REARLS  
Address

Kissimmee FL 34946  
City/State and Zip Code

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

For further information concerning this matter, please call:

Lemuel Prescott at ( 407 ) 406-4472  
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

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TALLAHASSEE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2023

LEMUEL PRESCOTT  
4403 REEVES ROAD  
KISSIMMEE, FL 34746

SUBJECT: L&D SPECIALTIES INC  
Ref. Number: P21000022574

We have received your document for L&D SPECIALTIES 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):

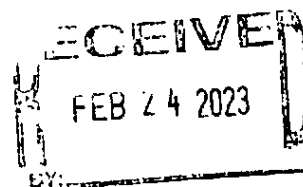
This application requires 2 signatures. You are missing the signature of an officer or director.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 723A00002635



**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: L + D specialties Inc
2. The principal office address: 4403 Peaves Rd  
Kissimmee Fl 34746
3. The mailing address (if different): same
4. Date of incorporation/qualification: 2/26/21 Document number: P21000022574
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)

resigned

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

Matthys D. Theive, Esq.  
318 N. John Young Parkway, Suite 1  
Kissimmee, Fl 34741

P.O. Box NOT acceptable

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]  
Signature of an officer or director

Lemuel Prescott  
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]  
Signature of Registered Agent

11/4/22  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)

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