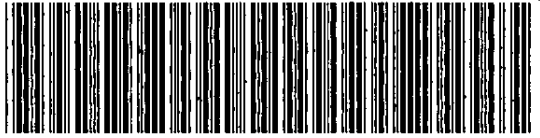


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(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BUCAN CLOAR INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P94 0000 88515

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:

Lois A. BUCKLEY  
(Name of Contact Person)

OAK BLUFF  
(Firm/Company)

1037 N. HALIFAX DRIVE  
(Address)

ORMOND BEACH, FL. 32176  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lois A. Buckley at (386) 441-3630  
(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

OAK BLUFF HOMES  
DBA BUCANCLOAR INC.  
1037 N. HALIFAX DRIVE  
ORMOND BEACH, FL. 32176  
LOIS A. BUCKLEY

Office: 386-441-3630  
Fax: 386-441-5977

June 24th 2008

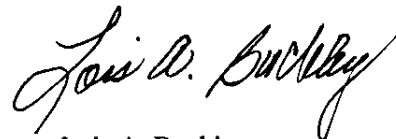
Florida Dept. of State  
Division of Corp.  
P.O. Box 6327  
Tallahassee, Fl. 32314

Subject Bucanclor, Inc.  
Ref. # P94000088515

Doc. Specialist Supervisor

Enclosed please find my check #2828 in the amount of \$35.00 to replace check #2827 which was enclosed originally (copy enclosed). Thank you.

Most Sincerely,



Lois A. Buckley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 20, 2008

LOIS A. BUCKLEY  
OAK BLUFF  
1037 N. HALIFAX DR.  
ORMOND BEACH, FL 32176

SUBJECT: BUCANCLOAR, INC.  
Ref. Number: P94000088515

We have received your document for BUCANCLOAR, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

THE ENCLOSED FORM MUST BE COMPLETETD BY FILLING OUT #5 AND #6. IN #5 ENTER THE NAME AND ADDRESS OF THE CURRENT (OLD) REGISTERED AGENT AND IN #6 THE NEW AGENT, NAME AND ADDRESS,

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 508A00037296

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

1. The name of the corporation: BUCANCLOR, INC

2. The principal office address: 1037 N. HALIFAX DRIVE  
ORMOND BEACH, FLORIDA 32176

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

DENNIS M. Buckley  
1037 N. HALIFAX DRIVE  
ORMOND BEACH, FLORIDA 32176

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

LOIS A. Buckley  
1037 N. HALIFAX DRIVE  
(P.O. Box NOT acceptable)  
ORMOND BEACH, FLORIDA 32176

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TALLAHASSEE, FLORIDA

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.

Lois A. Buckley  
(Signature of an officer or director)

Lois A. BUCKLEY,  
(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.

Lois A. Buckley  
(Signature of Registered Agent)

6-10-2008  
(Date)

If signing on behalf of an entity:

Lois A. Buckley  
(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