P95000002796

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: LOCK Busters INC. Name of Corporation Passon 2220/ |
| DOCHMENT NUMBER: 1 1200000 d tilla |
| 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: |
| Name of Contact Person |
| Lock Busters, INC Firm/Company |
| 110 Genesis Rd. Address |
| Scott LA 70583 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Lisa Melancon at (337) 873.7360 Name of Contact Person Area Code & Daytime Telephone Number |
| Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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: LOCK Busters, INC. |
| 2. The principal office address: 2228 Parrot Fish D |
| Holiday, F1 34691 |
| 3. The mailing address (if different): 10 Genesis Rd |
| Scott, LA 70583 |
| 4. Date of incorporation/qualification: 1-11-1995 Document number: P9500002796 |
| 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) |
| Sam K. Landers |
| 108 Dunbridge Dr. |
| Palm Harbor, Fl 34684 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Sam K. Landers |
| 2228 Parrot Fish Dr. P.O. Box NOT acceptable |
| |
| Holiday, Fl. 34691 |
| 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 ordirector Sam K. LAN Sels 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 Signature of Registered Agent Signature of Registered Agent |
| If signing on behalf of an entity: |
| Sam K. LANGES |

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

Typed or Printed Name