

P95000009384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

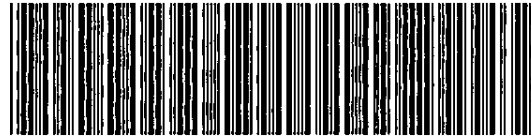
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200213486262

10/20/11--01010--013 **35.00

FILED

2011 OCT 20 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

BROWN 10-21-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEXINGTON HOMES INC.
Name of Corporation

DOCUMENT NUMBER: P95000009384

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:

CRAIG FIEBE
Name of Contact Person

LEXINGTON HOMES INC.
Firm/Company

10604 HATTERAS DRIVE
Address

TAMPA, FL 33615
City/State and Zip Code

CJFIEBE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRAIG FIEBE at (727) 919-3184
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

**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: LEXINGTON HOMES, INC.
2. The principal office address: 10604 HATTERAS DRIVE, TAMPA, FL 33615
3. The mailing address (if different): P.O. BOX 1707, OLDSMAR, FL 34677
4. Date of incorporation/qualification: 02/03/1995 Document number: P95000009384
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)

CRAIG FIEBE

11046 LAKEVIEW DRIVE

NEW PORT RICHEY, FL 34654

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

CRAIG FIEBE

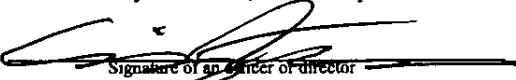
10604 HATTERAS DRIVE

P.O. Box NOT acceptable

TAMPA, FL 33615

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

CRAIG FIEBE, PRESIDENT

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

OCTOBER 1, 2011

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 (8/05)

FILED
2011 OCT 20 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA