## P95000084213

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
(Bı	isiness Entity Nan	ne)
, (Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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TALLAHASSEE FLORIDA

RAROCHS

## **COVER LETTER**

Amendment Section Division of Corporations

	Lite Development Corporation  Name of Corporation
DOCUMENT NUMBER:	P95000084213
The enclosed Statement of Chang	ge of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	Arthur U. Graham, Esq.
<u></u>	Name of Contact Person
	Landis Graham French, P.A.
	Firm/Company
	444 Seabreeze Boulevard, Suite 1001
•	Address
· · · · · · · · · · · · · · · · · · ·	Daytona Beach, FL 32118  City/State and Zip Code
E-mail addr	agraham@landispa.com ess: (to be used for future annual report notification)
. *	
For further information concerni	ng this matter, please call:
	Graham, Esq. at (386) 252-4717 Person. Area Code & Daytime Telephone Number

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

statement of change is submitted for	as 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this a corporation organized under the laws of the State of Florida
in order to change its regis	tered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	City Lite Development Corporation
2. The principal office address:	2992 Day Road, Deltona, FL 32738
·	
3. The mailing address (if different):	P.O. Box 181, Breese, IL 62230
	·
4. Date of incorporation/qualification	n: 10/30/1995 Document number: P95000084213
5. The name and street address of the Florida Department of State: (If re	e current registered agent and registered office on file with the esigned, enter resigned)
	Ivan K. Clements, Esq.
632	N. Woodland Blvd., Suite 3
	DeLand, FL 32720
6. The name and street address of the (if changed):	e new registered agent (if changed) and /or registered office
	Arthur U. Graham, Esq.
<u>.</u> 444	Seabreeze Boulevard, Suite 1001 P.O. Box NOT acceptable
	Daytona Beach, FL 32118
The street address of its registered as changed will be identical.	office and the street address of the business office of its registered agent,
Such change was authorized by res authorized by the board, or the cor	solution duly adopted by its board of directors or by an officer so peration has been notified in writing of the change.
Mand Health	President Mark Newkirk, President
Signature of an officer or director	Printed or typed name and title
I further agree to comply with the p of my duties, and I am familiar with document is being filed merely to r corporation has been notified in wi	registered agent and agree to act in this capacity. provisions of all statutes relative to the proper and complete performance in and accept the obligation of my position as registered agent. Or, if this effect a change in the registered office address, I hereby confirm that the riting of this change.
Signature of Registered Agent	Som 6/25/2010
If signing on behalf of an entity:	Date
Arthur U. Gra	ıham
Typed or Printed Name	
,	

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