P76000009392

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(Business Entity Name)
(Document Number)
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Name of Corporation) SUBJECT P9600009392 **DOCUMENT NUMBER:**

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:

Michael Beller
(Name of Contact Person)
Legacy Search, INL. (Firm/Company)
14929 Ador Springs Circle #303 (Address)
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael E. Beller (Name of Contact Person) at (<u>813</u>) <u>349-3752</u> (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> 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

by Et 2402

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation:	Legacy S	Search ,J	HDC ,
2. The principal office address:	14929 Arbo	r Springs (Licle #303
		Tampa	FL 33624
3. The mailing address (if differen): PO ZOX	340179	
	Tampa :	FL 33694	-0179
4. Date of incorporation/qualificati	ion: 126 1996	Document nur	nber: <u>P9600009392</u>

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

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

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.

Michae Signature of an officer or director) (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 patified in writing of this change.

(Signature of Registered Agent)

If signing on behalf of an entity:

Michael Belle (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)