P96000012995

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: LCHEM COVP Name of Corporation			
DOCUMENT NUMBER: <u>P9600012995</u>			
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:			
Sax, Willinger & Gold Firm/Company 5801 NW 151 ST. Suite 307 Address Miami Lakes, FL 33014 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call: Stuart M. Gold, Esq. at (305) 591-1040 Ext. 204 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

statement of change is submitted for a corporation organized under the laws of the State of FIOVICA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: LCHEM COVP
2. The principal office address: 720 S. FEderal Hwy.
Hallandale, FL 33009
3. The mailing address (if different): P.O. BOX 1407
Hallandalc, FL 33008
4. Date of incorporation/qualification: 02/12/1996 Document number: P96000012995
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)
stuart Gold, Esq.
MIAMI LAKES IFL 33014
MIAMI LAKES IFL 33014
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Stuart Gold, ESQ.
5801 NW 151 Street Suite 307 P.O. Box NOT acceptable
Miami Lakes, FL 33014
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 of director Ralph Mutchnik - PVS 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.
Slobator of Projectored Acoust
Traile of Registered Agent
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 (03/12)