

P98000089371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

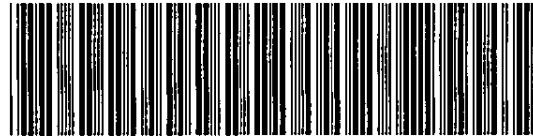
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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300240003223

RA address  
Change

300240003223  
09/28/12--01028--002 \*\*35.00

FILED  
2012 SEP 28 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/3/12  
AOR

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** L.M.C.A. Inc  
Name of Corporation

**DOCUMENT NUMBER:** P98000089371

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:

APPOLOS LAUREE  
Name of Contact Person

LMCA INC  
Firm/Company

44 ARECA PALM DR  
Address

FORT PIERCE FL 34982-6881  
City/State and Zip Code

info@lmcafirstclasslimousine.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

APPOLOS LAUREE at ( 786 ) 325-2772  
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: L.M.C.A INC
2. The principal office address: 4416 ARECA PALM DR  
PORT PIERCE, FL 34982-6281
3. The mailing address (if different): 161 SW S MEADE CIR  
PORT ST LUCIE, FL 34950
4. Date of incorporation/qualification: 10/19/1998 Document number: T98000089371
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)

JEAN C JEAN  
161 SW S MEADE CIR  
PORT ST LUCIE, FL 34950

FILED  
SEP 28 AM 10:28  
TALLAHASSEE  
FLORIDA

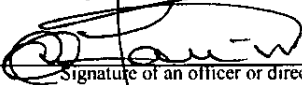
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JEAN C JEAN  
161 SW S MEADE CIR  
PORT ST LUCIE, FL 34950

P.O. Box NOT acceptable

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

APPOLOS LAURENT  
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

9/25/12  
Date

If signing on behalf of an entity:

JEAN C JEAN  
Typed or Printed Name

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