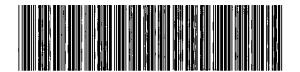
## P99000005886

(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:		

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400142128944

01/28/09--01015--010 \*\*35.00



Rochanse Newis 2-4-09

## **COVER LETTER**

TO: * Amendment Section Division of Corporations			
SUBJECT: LTO, Inc.  (Name of Corporatio	n)		
DOCUMENT NUMBER: P9900005886			
The enclosed Statement of Change of Registered Office/Agent a	nd fee are submitted for filing.		
Please return all correspondence concerning this matter to the fo	llowing:		
Paula O'Neill			
(Name of Contact Pers	on)		
I T O 1			
L.T.O., Inc. (Firm/Company)			
1005 NE 32nd A	ve.		
(Address)			
Ocala, FL 344 (City/State and Zip Co	470de)		
For further information concerning this matter, please call:	,		
5 1 501 10			
Paula O'Neill at ( (Name of Contact Person) (A	352 ) 622-9434 rea Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of S	State.		
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

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

statement of char	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
1. The name of the	he corporation: LTO, Inc.	
2. The principal	office address: 1005 NE 32nd	Ave.
Ocala, FL	34470	
3. The mailing ac	ddress (if different):	
4. Date of incorp	oration/qualification: 01-15-99	Document number: P9900005886
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)
	Thomas F. O'Neill	
	1411 NE 22nd Ave. #105	
	Ocala, FL 34470	28 -
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered office
	Thomas F. O'Neill	ORIGINAL STATE
	1005 NE 32nd Ave.	ceptable)
		ceptable)
	Ocala, FL 34470	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.
) (Signati	Lu O'Netell	Paula O'Neill, Vice President (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept to ing filed merely to reflect a chang s been notified in writing of this c	tent and agree to act in this capacity. All statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this we in the registered office address, I hereby confirm that the hange.
X Tom	F. O'New	01-25-09
(Si	gnature of Registered Agent)	(Date)
If signing on be	chalf of an entity:	
	Typed or Printed Name)	-

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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