

P996000040751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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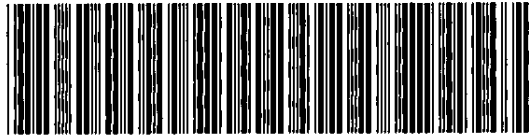
(Business Entity Name)

(Document Number)

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**DATE: 4/10/17**

**NAME: LHCO, INC.**

**TYPE OF FILING: CHANGE OF AGENT**

**COST: 35.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: LHCO, INC.

Name of Corporation

DOCUMENT NUMBER: P99000040751

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:

MILTON VONG

Name of Contact Person

Firm/Company

2804 GATEWAY OAKS DR #200

Address

SACRAMENTO, CA 95833

City/State and Zip Code

michael@cfotc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael McCreary

Name of Contact Person

at

(858) 8249108

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 \_\_\_\_\_  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LHCO, INC.
2. The principal office address: 5810 N Monroe Street 210-154 Tallahassee, FL 32303 US
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: Apr 30, 1999 Document number: P99000040751

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)

YOUR CAPITAL CONNECTION, INC.

417 E. Virginia Street SUITE 1 TALLAHASSEE, FL 32301 US

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

Paracorp Incorporated

155 Office Plaza Drive, 1st Floor

P.O. Box NOT acceptable

Tallahassee, FL 32301

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]  
Signature of an officer or director

Michael McCarty  
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]  
Signature of Registered Agent

04/07/2017

Date

If signing on behalf of an entity:

Leticia Burleson, Assistant Secretary

Typed or Printed Name

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA