CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301

222-1173 FILING COVER SHEET ACCT. #FCA-14 CONTACT: DATE: REF. #: CORP. NAME: ( ) ARTICLES OF DISSOLUTION ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) TRADEMARK/SERVICE MARK ) ANNUAL REPORT ) LIMITED LI ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ) WITHDRÆW ) REINSTATEMENT ( ) MERGER ) CERTIFICATE OF CANCELLATION ( ) UCC-L STATE FEES PREPAID WITH CHECK# AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: PLEASE RETURN: ( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING ) CERTIFICATE OF STATUS

Examiner's Initials

## Florida Department of State, Sandra B. Mortham, Secretary of State

## 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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.  1a. The name of the corporation is: L.G.R. & SON, INC.	
Kiss	simmee, Florida 34759
1c. Date of incorporation: 09/20/99 Docu	ment number: <u>P99000082700</u>
2. The name and address of the current registered age	nt and office:
CorpDirect Agents	
103 N. Meridian St., Lower Le	evel AL S T
103 N. Meridian St., Lower Le	SSEE -4 L
3. The name and address of the new registered agent an	
Mrs. FMtelynda Rivera	
927 Picardy Dr.	
Kissimmee, Florida 34759	
The street address of its registered office and the street registered agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted so authorized by the board.	by its board of directors or by an officer
14/6-	09/23/99 <u> </u>
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Luis G. Rivera	
(Printed or typed name and title)	en e
Having been named as registered agent and to accept corporation, I hereby accept the appointment as register I further agree to comply with the provisions of all staperformance of my duties, and I am familiar with and registered agent.	t service of process for the above stated ed agentand agree to actin this capacity. tutes relative to the proper and complete accept the obligation of my position as
61000	الله الله الله الله الله الله الله الله
Milyric from C	09/23/99
(Signature of Registered Agent)  EMELYNDA RIVE RA  If signing on behalf of an entity:	/Dam)
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(Typed or Printed Name)

(Capacity)