## P9900100090

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## **COVER LETTER**

Division of Corporation	ns		
SUBJECT:	Lake City Gla	ss, INC.	
DOCUMENT NUMBER:	P990	000100090	<u> </u>
The enclosed Statement of Cha	inge of Registered Office	e/Agent and fee are submi	itted for filing.
Please return all correspondence	ce concerning this matter	to the following:	
	Carl Bull Name of Cor	ard SR.	
	Lake City G		
	1787 N US		
	Addi	ress	
	Lake City, City/State an	FL 32055 id Zip Code	
	lakecityglass@	hotmail.com	
E-mail ad	dress: (to be used for fu	uture annual report noti	fication)
For further information concer Carl Bulla			752-6204 ime Telephone Number
Name of Conta	ct Person	Area Code & Dayt	ime Telephone Number
Enclosed is a \$35.00 check ma	de payable to the Depart	ment of State.	
Amer Divis P.O.	ng Address: Indment Section Identification of Corporations Box 6327 Inassee, FL 32314	Street Address Amendment S Division of C Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ing ve Center Circle

TO: Amendment Section

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

statement of cha	provisions of sections 607.05 ange is submitted for a corpor er to change its registered offi	ation organized	under the laws of the Sta	te of Florida	
1. The name of	the corporation: Lake City	/ Glass, IN	C		
2. The principal	office address: 1787 N US	S HWY 411 L	ake City, FL 32055		
3. The mailing a	nddress (if different): PO Bo	x 114 Lake (	City, FL 32056		
4. Date of incorp	poration/qualification:1	1/12/1999	Document number:	P99000100090	
	d street address of the current rtment of State: (If resigned, e		and registered office on f	file with the	
	Todd Watson				
	7785 Baymeadows W	ay STE 107			
	Jacksonville, FL 32256				
6. The name and (if changed):	d street address of the new reg	gistered agent (il	changed) and /or register	RECRETAR ALLAHASS	"T!~.
	Carl Bullard SR.				1"77 A
	1787 N US HWY 441	P.O. Box NOT acc	entable	— Fig. 22	
	Lake City, FL 32055				
The street addreas changed will	ess of its registered office an	d the street add	ress of the business offic	ce of its registered agen	ι,
Such change wa	as authorized by resolution on the board, or the corporation	duly adopted by	its board of directors or	by an officer so	
_ Carl	Bulland SK	(		and title	ector
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as register to comply with the provision nd I am familiar with and ac- ing filed merely to reflect a c s been notified in writing of	red agent and a ns of all statutes cept the obligat change in the re this change.			ce is e
<u>Call</u>	Sulland Sk gnature of Registered Agent	<del></del>	Dec 29	2011	
If signing on be	ehalf of an entity:				
	Typed or Printed Name	<u></u>			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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