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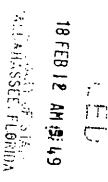
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## COVER LETTER

TO: Registration Section Division of Corporations					
Le Sommet SUBJECT:					
<del></del>	Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	lhange and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
George Mundy					
Name of Person					
Le Sommet					
Firm/Company					
3810 SW 165 Avenue					
Address					
Miramar, FL 33027					
City/State and Zip Code	<del></del>				
mundy@earthlink.net					
E-mail address: (to be used for future annual r	report notification)				
For further information concerning this matter, plea	ise call:				
George Mundy	626 234 3133				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ime of the limited liability company: Le	Sommet	_		
2. (a)			(b)		
2. (11)	Principal office address of limited liability (Note: MUST BE STREET ADDR	company:	(1.7		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3810 SW 165 Avenue			3810 SW	/ 165 Avenue
	Miramar, FL 33027		-	Miramar.	. FL 33027
	09/02/2014		L	1400013	37003
3.	Date of filing/registration in Flor	rida e	4.	<del></del>	Document number
5. (a)	Gisela R. Gil Guerra				
(ii)	Registered Agent and Registered Office shown on	the records of the F		ept. of State	:
	Registered Office Address (MUST BE FLORI 3810 SW 165 Avenue	DA STREET ADD	RESSI		
	Miramar	, FL 33	027		
(b)	George Mundy				
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Offi	ice addr	ess.	18 FEB 12
	NEW Registered Office Address:				3888
	3810 SW 165 Avenue			<del></del>	# A IT
	Miramar	, FL 33	027		Lerion 1981
the cha agent v was/we the arti Signæ I here, provisi the obl to mere notified	imited liability company is not organized tange or changes are made, the Florida street will be identical. Or, in the case of a Florida cree futhorized by an affirmative vote of the cless of organization of the operating agree that of a member or authorized representative of a new pacept the appointment as registered as ons of all statutes relative to the proper an igations of my position as registered agencies reflect a change in the registered office if in writing of this change.	et address of the da limited liability members of the limited limited limited limited agree to a greet and agree to a grovided for address, I here	registe ity con the limit ited lia ited	ered office apany, it is ed liability com bility com ar this capa ace of my apper 605, firm that t	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  Printed or typed name of signee active. I further agree to comply with the latics, and I am familiar with and accept F.S. Or, if this document is being filled the limited liability company has been
	/ Division of Corporati	ons• P.O. Box FILING FEE:			800, 117, 02014