Division of Corporations Electronic Filing Cover Sheet

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(((H14000282398 3)))



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FILED REG AGENT CHANGE OF LEONE FAMILY HOLDINGS, LTD.

To:

Division of Corporations

Fax Number : (850)617-6383

990776.0002 Leone / Estate

From:

Account Name

: TRIPP SCOTT, P.A.

JCJ

Account Number: 075350000065 Phone

: (954)525-7500

Fax Number

: (954)761-8475

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## REGISTERED AGENT CHANGE LEONE FAMILY HOLDINGS, LTD.

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Page Count	01
Estimated Charge	\$35.00

DEC 1 6 2014

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## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	Leone Family Ho	oldings, L	_td	
Name of Lim	ited Partnership or Limited	Liability Lis	nited Partnership	<del></del>
2. 06/22/20		3	A0100000	
Date of filing/registration	on in Florida		Florida document	number
4. The name of the registered ag Department of State:	ent and the registered offic	e address as	shown on the reco	ards of the Florida
******	Joseph E. Le	eone		
•	Name			
8	221 W. Broward Blv	d., Apt. 2	118	•
	Address			
	Plantation, FL 33	324-2443		-4
	City, State and	Zip		200 50 70
5. The name and Florida street a	ddress of the new registere	d agent and/	or office:	REC
Gregor	y A. McLaughlin, Esc	ц., Тпрр S	cott, P.A.	SAR
•	Name			一 至 一
	110 SE 6th Street,	15th Floo	r	
Flo	orida street eddress (P.O. B	ox not accep	table)	SET 53
	Fort Lauderdale	FL	33301	DM W
<del></del> _	City, State and	Zip		•
6. Such change(s) is/are effectiv		i D <del>e</del> partment	of State,	
Signature of General Partner				
Joseph J. Leone, Hemi I hereby accept the appointment		rea to art in .	this emacity. I fu	riher aaree to
comply with the provisions of all	statutes relative to the pro	per and com	plete performance	of my duties,
and I am familiar Ath an accept	the obligations of my post	tlon äs regist	ered agent.	
Signature of Registered Agent				
Filing Fee: Certified Copy (optional):	\$35.00 \$52.50		•	