

12/08/2014 09:58 FAX 9545252350

Tripp Scott
Division of Corporations

0001/0004

12/8/2014

Florida Department of State
Division of Corporations
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LLC REGISTERED AGENT CHANGE
LEONE FAMILY HOLDINGS, LC

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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. Name of the limited liability company: Leone Family Holdings, LC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
9221 W. Broward Blvd., Apt 2118
Plantation, FL 33324

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
9221 W. Broward Blvd., Apt 2118
Plantation, FL 33324

3. 06/21/2001
Date of filing/registration in Florida

4. LO1000010080
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Joseph E. Leone

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

9221 W. Broward Blvd., Apt 2118

Plantation, FL 33324

(b) Gregory A. McLaughlin, Esq.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

110 SE 6th Street, 15th Floor

NEW Registered Office Address:

Fort Lauderdale, FL 33301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of member or authorized representative of a member

Joseph J. Leone, Member

Printed or typed name of signer

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 further waiving and accepting the obligations of the positions registered agent as provided for in Chapter 605, F.S. OR, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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