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, , ,

| (Requestor's Name) | | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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05/30/07--01015--004

COVER LETTER

| TO: Registration Section Division of Corporations | ; | |
|--|---|--|
| SUBJECT: iLeader, L.L.C. (Name of | of Limited Liability Company) | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered | d Office Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerni | ng this matter to the following: | |
| Miriam Schoenig | | |
| (Name of Person) | | |
| The Nugent Law Firm, P.C. (Firm/Company) | 07 MAY 30 PM 1: 17 | |
| 215 W. Oak St., 10th Fl. | o Pi | |
| (Address) | | |
| Fort Collins, CO 80521 (City/State and Zip Code) | | |
| For further information concerning this m | natter, please call: | |
| Miriam Schoenig | at (970) 482-1056 | |
| (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 follow | wing amount: | |
| ✓ \$25 Filing Fee | \$55 Filing Fee & Certified Copy | |

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

Pursuant to the provisions of sections 608.416 or 608.508, 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 The CAL - U | : | il oador I. I. C | | |
|--|---|--|--|--|
| | ited liability company is: | | · | |
| 2. The mailing address | of the limited liability con | mpany is : 3550 Busch | wood Park Dr, Ste 150 | |
| Tampa, FL 33618 | | | | |
| February 10, 2004 | | L04000013 | 3340 | |
| 3. Date of filing/registration in Florida | | | 4. Document number | |
| 5. The name of the regi Florida Department of | | | own on the records of the | |
| | | Name | - | |
| | 3531 Heards Ferry | | | |
| | | Address | n | |
| | Tampa, FL 33618 | State and Zip | 9 Vive | |
| | • | • | J. S. C.R. | |
| 6. The name and addres | ss of the new registered ag | ent and/or office: | w of | |
| | Richard Cunningh | am | 0 62 | |
| | Name 3550 Buschwood Park Dr, Ste 150 | | OT HAY 30 PH 1: 17 | |
| | · · · · · · · · · · · · · · · · · · · | (P.O. Box NOT accepta | ible) | |
| | Tampa | FI. 33618 | – 5 | |
| | Tampa City St | FL 33618 tate and Zip | | |
| | • | • | | |
| confirmed that after the and the business office liability company, it is of the members of the or the operating agreen | of the registered agent wi hereby confirmed that the | ade, the Florida street ad ll be identical. Or, in the change(s) was/were author as otherwise provided company. | dress of the registered office | |
| Michael Ortoll | | | | |
| (Printed or typed name of sign | nee) | | | |
| I hereby accept the ap comply with the provisi and I am familiar with Chapter 608, F.S. Or, address, Unereby confi | pointment as registered as ions of all statutes relative and accept the obligation if this document is being f im that the limited liabilit | gent and agree to act in to to the proper and comp s of my position as regist iled to merely reflect a c y company has been noti | his capacity. I further agree to lete performance of my duties, ered agent as provided for in hange in the registered office fied in writing of this change. | |

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