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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	
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COVER LETTER .

TO: Registration Section Division of Corporations	
SUBJECT: L3D3, LLC (Doc # L04000	0038041)
(Name of	f Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concernin	
Daniel R. Levene	
(Name of Person)	
L3D3, LLC	and the second of the second o
(Firm/Company)	
4800 T-Rex Avenue, Suite 100,	
(Address)	
Boca Raton, Florida 33431	
(City/State and Zip Code)	
For further information concerning this ma	utter, please call:
Daniel R. Levene	at (561)279-2553
(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	ing 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 name of the limi	ted liability compan	y is: <u>L3D3, LL</u> 0	<u> </u>	= -=,	<u></u>	<u> </u>
2. The mailing address	of the limited liabili	ty company is:	1800 T-Rex Aveni	ue		
Suite 100, Boca Rator	ı, Florida 33431	relate		- - 集内シー シン		
05/19/2004			L04000038401		=	
3. Date of filing/registration in Florida 4. Document numb			nber			
5. The name of the regis Florida Department of	tered agent and the state: Daniel R. Leven		address as shown o	on the records	of the	
		Name	· ·	- = '		* * *
	1100 E. Atlantic	Avenue, 2nd F	loor	_		
Address				<u>.</u>	0	•
Delray Beach, Florida 33483					OS DEC	
	(City, State and Z	ip	두윤);;	. ≥
6. The name and address of the new registered agent and/or office:		NASSE TARK	9			
Daniel R. Levene			m.	Ž		
Name 4800 T-Rex Avenue, Suite 100			LORID	3: 1-7	Ü	
Florida street address (P.O. Box NOT acceptable)						
	Boca Raton	FL 3343	1			
	Ci	ty, State and Zip	-			,
If the limited liability co confirmed that after the	mpany is not organi change or changes a	zed under the lav re made, the Flo	ws of the State of Frida street address	lorida, it is he	reby ed offi	ce

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 a member or authorized representative of a member)

Daniel R. Levene

(Printed or typed name of signee)

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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)