## L05000085040

(Address)	700161975537				
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL	10/22/0901027004 **25.00				
(Business Entity Name).	and the second s				
(Document Number)	O9 OCT 22				
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:	AMII: 1				

Office Use Only

	~~-			
	COVE	R LET	TER	
	r.		•	
TO: Registration Section			***	•
Division of Corporations				
SUBJECT:	St. L	.eo 40	), LLC	
Name of				
			•	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office (	Change	and fee	e(s) are submitted for filing.
				•
Please return all correspondence concerning	g this m	atter to	the fol	lowing:
lulia Ouranaan				
Julie Swenson Name of Person				
Name of Person				
St. Leo 40, LLC				
Firm/Company			<del></del>	
334 East Lake Road, # 17	<u>'2                                    </u>		_	
Address				
Palm Harbor, FL 34685				
City/State and Zip Code			_	
,				
iulia@iaaaaaatiaa aasa				
julie@jesproperties.com E-mail address: (to be used for future annual report	notificatie	on)		
		,		
For further information concerning this mat	tter, ple	ase call	l <b>:</b>	
<u> </u>	•			
Julie Swenson	at (_	727	_)	787-6330
Name of Person			Area Cod	le & Daytime Telephone Number
CTDEET/COUDIED ADDRESS.		<b>1</b> . <i>n</i> . 4	II INC	ADDECC.
STREET/COURIER ADDRESS: Registration Section				ADDRESS:  n Section
Division of Corporations				Corporations
Clifton Building			). Box 6:	
2661 Executive Center Circle				, Florida 32314
Tallahassee, Florida 32301				

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in orde agent, or both, in the State of Florida.	er to change its registered office or registere	ed ed		
Name of the limited liability company:	<del></del> , "	_		
2. (a) Principal office address of limited liability company	y: St. Leg 40 22 [	۲		
(Note: MUST BE STREET ADDRESS)	3281 Landmark Drive	L		
(b) Mailing address of limited liability company:	St. Leo 40	_		
(Note: MAY BE POST OFFICE BOX)	334 East Lake Road, # 172 Palm Harbor, Florida 34685	_		
08/26/2005	L05000085040			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	JES Properties, Inc			
Registered Office Address:	300 State Street E, Suite 222, Oldsmar F			
	Oldsmar, FL 34677	_		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:			
NEW Registered Agent:		_		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3281 Landmark Drive			
	Clearwater ,FL 33761			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote			
Printed or typed name of signee  Douglas J. Weiland, MD	<del></del>			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	igree to act in this capacity. I further agree to oper and complete performance of my duties, is sition as registered agent as provided for in crely reflect a change in the registered office by has been notified in writing of this change.	0		

Signature of Registered Agent