## 106000022030

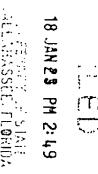
(Re	questor's Name)			
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## COVER LETTER

	istration Section sion of Corporations	
S <del>UB</del> JECT:	Leslie Brewer II, LLC dba Whisper	ring Pines Marketing, LLC
		mited Liability Company
Dear Sir or A	Madam:	
The enclosed	I Registered Agent/Registered Office Char	inge and fee(s) are submitted for filing.
Please return	all correspondence concerning this matte	er to the following:
Leslie Bre	wer II	
-	Name of Person	
Leslie Bre	wer II, LLC	
	Firm/Company	
441 33rd S	St. N. Suite #1102	
	Address	
St. Peterst	ourg. FL 33713	
	City/State and Zip Code	
lwb2@me.	com	
E-mail	address: (to be used for future annual repo	ort notification)
For further in	nformation concerning this matter, please of	call:
Lestie Brev	ver II 6.	346 241-5230
	Name of Person	Area Code & Daytime Telephone Number
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle hassec, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Encle	osed is a check for the following amount	t:
<b>☑</b> \$2	5 Filing Fee	☐ \$55 Filing Fee & Certified Copy



January 12, 2018

LESLIE BREWER II, LLC 441 33RD ST N STE 1102 ST PETERSBURG, FL 33713

SUBJECT: LESLIE BREWER II, LLC

Ref. Number: L06000022030

We have received your document for LESLIE BREWER II, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The company name has to match with the document number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 118A00000816

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

## 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.

)	441 33rd St. N	_ (1	<sub>))</sub> 441 33rd St. N.
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	Suite #1102		Suite #1102
	St. Petersburg, FL 33713	_	St. Petersburg, FL 33713
1	02/28/2006		L06000022030
	Date of filing/registration in Florida	4	Document number
)	GOLD, AARON JPA		
	Registered Agent and Registered Office shown on the records of the		·
	Registered Office Address (MUNT BE FLORIDA STREET A 704 WEST BAY STREET	<u>DUKENS</u>	<u> </u>
	TAMPA	33606	
٠	Beverly Lindo  Internance of NEW Registered Agent and/or NEW Registered (	)ffice add	Trest Care Care Care Care Care Care Care Care
	118 Crestwood Lane	21107 <u>44</u> 4	SSEE
	NEW Registered Office Address		FLOR
[	Largo . FL	3770	16; <b>49</b>
ang wil ere tiel	nited liability company is not organized under the laws go or changes are made, the Florida street address of it il be identical. Or, in the case of a Florida limited liab c authorized by an affirmative vote of the members of es of organization or the operating agreement of the li	he regist pility cor the limi mited li	ered office and the business office of the registered upany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
	e of a member or authorized representative of a member		Printed or typed name of signee
	Accept the appointment as registered agent and agree as of all statutes relative to the proper and complete pa ations of my position as registered agent as provided reflect a change in the registered office address. The n writing of this change		

Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314 FILING FEE: \$25,00