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COVER LETTER

TO: Registration Section Division of Corporations		į.
Leading Solutions LLC SUBJECT:		
	e of Limited L	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the	following:
Wendy Lichtenstein	·	
Name of Person		
Leading Solutions LLC		
Firm/Company		_
3371 West Vine Street, Suite 201		
Address		
Kissimmee, FL 34741		
City/State and Zip Code		
wll@leadingsolutions-llc.com		1
E-mail address: (to be used for future annu	ual report notifi	cation)
For further information concerning this matter.	please call:	
Wendy Lichtenstein	407	201-5727
Name of Person	at (Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303
Enclosed is a check for the following	amount:	
■ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy
INHS18 (2/14)		

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.

Name of the limited liability company:	* 7.7	71 West Vine Street, Suite 3	001 Kinimus PL 347
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>333</u>	Mailing address of lim	ited liability company: OST OFFICE BON
05/16/2007 (original filing)	L070	000052299	
Date of filing/registration in Florida	4.	Document numbe	r
Wendy Lichtenstein			
Registered Agent and Registered Office shown on the records o	Tthe Florida Dept	. of State:	
3491 West Vine Street, Sun Plaza			202 ``!''
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		2024 HAY 13 27039 TAXX
Kissimmee	L		BULED BURN 13 PM12:51
, F	L		ED PH 12: 54
Wendy Lichtenstein			;; ;; ;; 51
Enter name of NEW Registered Agent and/or NEW Registere	d Office address	 :	1.
3371 West Vine Street, Suite 201			
NEW Registered Office Address:			
Kiminana	2.47.41		
Kissimmee, F	L		
limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members tables of organization or the operating agreement of the	e registered off lability compar of the limited e limited liabili	fice and the business offi ny, it is hereby confirmed liability company or as o	ce of the registered I that the change(s)
nature of a member or authorized representative of a member		Printed or typed nam	e of signee
reby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide trely reflect a change in the registered office address, led in writing of this change.	ree to act in the performance ed for in Chapt hereby confirt	nis capacity. I further ago of my duties, and I am fa ter 605, F.S. Or, if this d in that the limited liability	ree to comply with the miliar with and accep locument is being filed v company has been