

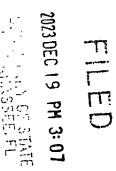
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## COVER LETTER

PO: Registration Section Division of Corporations					
SUBJECT: JFb Neal Estate Holdin Name of Limited 1	Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and	d fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
JOSE M QUICIC Name of Person					
Firm/Company	<u> </u>				
3158 N hoy Rd.					
MIAWI Deach R 33140  City/State and Zip Code					
E-mail address: (to be used for future annual report not	ification)				
For further information concerning this matter, please call:					
Name of Person at (30 5	5 ) 79(0 - 944) 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:					
S \$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.

1. N	ame of the limited liability company:	lead Eilote	Holdings, uc	
2. (a)	3158 N) Boy Rd	(b)		
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-) <u></u>	Mailing address of limited liability co	
	MIAMI Beach, FL 33140		(IME: MAT BET OST OTTIOE	2210
	7 (11) (1) (1) (2)		<u> </u>	
	3 9 2009		.090000 2295	5
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 Sta #7.00	te:	
	Registered Office Address MUST BE FLORIDA STREET AD	<del>- ' '</del>	<b>20</b>	
	Registered Office Address 12/10/11 Distribution (12/10/11 Distributi	<u> </u>	<b>77.</b> 0	771
	Cosal langer	33134	2023 DEC 19 SECRETARY TWO JANA	
		7-171	- 28	П
(b	Jose M leavers		PM 3: 07 ASSPERE	D
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	office address:	3: O:	
	3158 N boy Ad.		<del>- 1</del>	
	NEW Registered Office Address:	•	_	
	Mi a in Bassal	22 11/15		
	MIMM Deller, FL	33/40	_	
If the	limited liability company is not organized under the laws	of the State of F	lorida, it is hereby confirmed the	hat after the
ageni	e or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liab	ility company, it	is hereby confirmed that the ch	iange(s)
was/v	vere authorized by an aftirmative vote of the members of ticles of organization of the operating agreement of the li	the limited liabil	ity company or as otherwise prompany. $\int_{A} \int \int d$	ovided in
	ticles of organization of the operating agreement of the li	7026		
•	nature of a member or authorized representative of a member		Printed or typed name of signee	ala aniela ela a
provi	eby accept the appointment as registered agent and agree sions of all statutes relative to the proper and complete publications of my position as registered agent as provided	e to act in this cap erformance of my for in Chanter 60	pacity. I juriner agree to comp duties, and I am familiar with 15 F.S. Or, if this document is	ny wun ine and accept being filed
to me	rely reflect a change in the registered office address, I he ed in writing of this change.	reby confirm tha	t the limited liability company	has been
_<				
notifi 	sions of all statutes relative to the proper and complete publications of my position as registered agent as provided rely reflect a change in the registered office address, I he ed in writing of this change.	for in Chapter 60 reby confirm tha	13, F.S. Or, if this document is t the limited liability company	peing filed has been