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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Definited depicts				
Special Instructions to Filing Officer:				

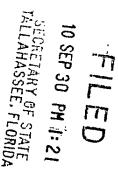
Office Use Only



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D. BRUCE

OCT 1 2010

EXAMINER

COVER LETTER

Division of Corporations						
SUBJECT:LI	EW S	trateg	ies, L	.LC		
Name of	Limited	Liabil	ity Cor	npany		
Dear Sir or Madam:						
The enclosed Registered Agent/Registered (Office (Change	and fe	e(s) are submitted	for filing.	
Please return all correspondence concerning	g this m	atter to	the fol	lowing:		
Beth M. Lerner			·			
Name of Person						
LEW Strategies, LLC Firm/Company			_			
1861 Lyons Road, #202	<u> </u>	·	_			
Address					P	
Coconut Creek, FL 33063 City/State and Zip Code	3		.		SECRETARY OF STATE ALLAHASSEE, FLORIDA	SEP 30
beth@thewomenslib.com E-mail address: (to be used for future annual report	notificatio	on)	_		E. FLO	₽ [
For further information concerning this mat			:		ATE	ა
Beth Lerner	at (954		397-524	11	
Name of Person			Area Coo	de & Daytime Telephon	e 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 followi	ing amo	ount:				
\$25 Filing Fee		\$5	5 Filin	ng Fee & Certified	Сору	

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. Name of the limited liability company:	LEW Strategies, LLC					
2. (a) Principal office address of limited liability company	1861 Lyons Road, #202					
(Note: MUST BE STREET ADDRESS)	Coconut Creek, FL 33063					
(b) Mailing address of limited liability company:						
(Note: MAY BE POST OFFICE BOX)						
	L10000014262					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:					
Registered Agent:	Beth M. Lerner					
Registered Office Address:	3860 Coral Tree Circle 200 200 200 200 200 200 200 200 200 20					
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:						
NEW Registered Agent:	Logar 2					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1861 Lyons Road Property 1862 Coconut Creek FL33063					
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						
Beth M. Lerner Printed or typed name of signee	_					
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of and I amfamiliar with and accept the obligation of my positive follows. F.S. Or, if this document is being filed to men address, thereby gourfrom that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00