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Special Instructions to Filing Officer:

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**EXAMINER** 

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Corporations				
SUBJECT: L&C PRESENTED Name of Lin	RUATION GROUP LLC  nited Liability Company			
Dear Sir or Madam:				
The analoged Designand Agent/Designand Off	ing Change and foo(s) are submitted for filing			
The enclosed Registered Agent/Registered Off	ice Change and ree(s) are submitted for ming.			
Please return all correspondence concerning this matter to the following:				
LeonARD SMITH	***			
Name of Person				
5				
Firm/Company				
	·			
3030 STARKEY BLVD				
Address				
New PORT Richey, FL 34655 City/State and Zip Code / FL 34655				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Service Control of the Control of th				
LEONARD SMITH a	1(727) 543-5578			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

## 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: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 ennis Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. Thurther agree to comply with the provisions of all statutes relative to the proper and complete performance of the duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

Signature of Registered Agent