10000045778

(I	Requesto	r's Name)			
(,	Address)				
(,	Address)				
(City/State/Zip/Phone #)					
PICK-UP		WAIT	MAIL		
	Business	Entity Nar	me)		
(Documer	nt Number))		
Certified Copies		Certificates	s of Status		

Special instructions to Filing Officer:

L. SELLERS

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EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJECT: Leading Web Solutions, LLC Name of Limited Liability Company						
Dear S	ir or Madam:		·			
The en	closed Registered Agent/Registered	l Office	Change and f	ee(s) are submitted for filin	3	
	return all correspondence concerni		_			
	Shaun Ellis Name of Person					
	Leading Web Solutions, L	.LC				
	2725 NE 8 Avenue Unit 1	11				
	Wilton Manors, FL 3333 City/State and Zip Code	4				
——————————————————————————————————————	lwebs.x@lwebs.com	rt notificati	on)		·	
For fur	ther information concerning this ma	atter, ple	ase call:		•	
	Shaun Ellis	at (_	317)	489-5404		
	Name of Person		Area Co	ode & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registration of P.O. Box (f Corporations		
	Enclosed is a check for the follow	ving amo	ount:	· · ·	, ***	
	\$25 Filing Fee		\$55 Fili	ng 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:	Leading Web Solutions, LLC		
2. (a) Principal office address of limited liability comp	pany:		
(Note: MUST BE STREET ADDRESS)	2725 NE 8 Avenue Unit 111 Wilton Manors, FL 33334		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	2725 NE 8 Avenue Unit 111 Wilton Manors, FL 33334		
04/28/2010	L10000045778		
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 State:		
Registered Agent:	Shaun Ellis		
Registered Office Address:	1340 Avon Lane #11 North Lauderdale, FL 33068		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	EW Registered Office address: Shaun Ellis		
(MUST BE FLORIDA STREET ADDRESS)	2725 NE 8 Avenue Unit 111 Wilton Manors ,FL33334		
If the limited liability company is not organized under a confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited of agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability company.	the laws of the State of Florida, it is hereby he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote therwise provided in the article of core mization pany.		

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

Signature of Registered Agent