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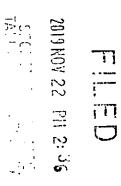
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## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

SUBJECT:  Subject:  Name of Limited Liability Company  Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Kathie Leka  Name of Person  SL Property Services LLC  Firm/Company  7557 W Sandlake Rd 116  Address  Orlando, FI 32819  City/State and Zip Code  samileka1@aol.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kathie Leka  Name of Person  Area Code & Daytime Telephone Numl  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327	Division of Corporations						
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Name of Person  SL Property Services LLC  Firm/Company  7557 W Sandlake Rd 116  Address  Orlando, Fl 32819  City/State and Zip Code  samileka1@aol.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kathie Leka  Name of Person  Area Code & Daytime Telephone Numless:  Registration Section Division of Corporations  Name of Corporations	The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.					
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STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations	Kathie Leka						
Registration Section Registration Section Division of Corporations Division of Corporations	Name of Person	Area Code & Daytime Telephone Number					
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registration Section Division of Corporations P.O. Box 6327					
Enclosed is a check for the following amount:	Enclosed is a check for the following	amount:					
■ \$25 Filing Fee & Certified Copy	■ \$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 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.	Nai	me of the limited liability company: SL Property Se	ervices LLC				
2. (a	1	7557 W Sandlake Rd 116	(b)				
2. (4)		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Orlando, FI 32819				-	
_							
3.		Date of filing/registration in Florida  Abdullah Leka	4.	Document nu	ımber		
5. (	a)	Registered Agent and Registered Office shown on the records of th	e Florida Dept. of Sta	 te:			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	_			
		Orlando , FL 3	32819	_			
(l	o)	Sami Leka			Σ×	201	
•	, -	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	_	- ,	2019 KOY	
		7557 W Sandlake Rd #116				1 22	Prince Sections
		NEW Registered Office Address:		_		P:	<u> </u>
			<del></del>	_	-	ر: 5:	
		Orlando , FL 3	32819	_	÷.	<b>5</b>	
the cagen	har t w we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the operating agreement of the li	he registered offic bility company, it the limited liabili	e and the busing the hereby confiction to the hereby confiction or the hereby confiction.	ness off rmed th	ice of that the o	he registered change(s)
Cora	<u> </u>	Allic	Kathie Leka	Duinted as towns	J	c -:	
I he proving the or notif	reb isiò bli ere ied	of a member or authorized representative of a member y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act in this cap erformance of my for in Chapter 60 ereby confirm that	Printed or typed pacity. I furthe duties, and I a 5, F.S. Or, if the the limited lia	r agree	to com	ply with the h and accept s being filed has been
Sign	atur	e of Registered Agent					

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