## 110000106290

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUB,	JECT: <u>lesliemania prode</u> Name o	setion services, //c f Limited Liability Company
Dear	Sir or Madam:	
The e	enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Pleas	e return all correspondence concernin	ng this matter to the following:
	james leslie Name of Person	
	esliemania production s	
/4	6018 Green Cove Blvd Address	
C	City/State and Zip Code	-6118
<u>L</u> E	M-Sunbiz @ /esliemaniamail address: (to be used for future annual repor	com t notification)
For fu	orther information concerning this ma	tter, please call:
V	Name of Person	at ( 407 ) 405. 5629  Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Enclosed is a check for the following amount:

2661 Executive Center Circle

Tallahassee, Florida 32301

## 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:/es/iemo	ania production services, Ilc.
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	16018 Green Cove Blvd Clermont, FL 34714-6118
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	lesliemania production Services 16018 Green Cove Blvd Clermont, FL 34714-6118
OCTOBER 12, 2010	L10000106290
	. Document number
5. (a) Registered Agent and Registered Office shown on th	e records of the Florida Dept. of State:
Registered Agent:	SHEILA DANG
Registered Office Address:	US CORP. AGENTS, INC.  13302 WINDING OAKS BEND. A  TAMPA, FL 33688
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address
NEW Registered Agent:	JAMES LESLIE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	16018 GREEN COVE BLVD  CLERMONT FL 34714
If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Florand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) when members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Many Lac.  Signature of a member or authorized representative of a member	rida street address of the registered office
Marisa Leslie, manager Printed or typed name of signee	
I hereby accept the appointment as registered agent and agreemently with the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my posite Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby continuation the limited liability company h	ree to act in this capacity. I further agree to er and complete performance of my duties, ion as registered agent as provided for in ly reflect a change in the registered office has been notified in writing of this change.