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COVER LETTER

TO: Registration Section Division of Corporations	
Law Office of Carlos Leon, LLC SUBJECT:	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Carlos Leon	
Name of Person	
Law Office of Carlos Leon, LLC	
Firm/Company	
11440 N Kendall Drive #400	
Address	
Miami, FL 33176	
City/State and Zip Code	
leonlaw@protonmail.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
Name of Person	Area Code & Daytime Telephone 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 following amount:	
2,\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. Na	me of the limited liability company: Law	d-Hr	2 0 +	(aslos	Leon	1	(
2. (a)	11440 N Kendall Dire	2	(b) 1141	to NK	endall'	\sum	
` '	Principal office address of limited liability comp	any:	, ,	Mailing address of lim			
	(Note: MUST BE STREET ADDRESS)		0.	(Note: MAY BE PO	<u>OST OFFICE BO</u> L. 1	20) - ~	
	Mathews 700		Ken	Ahous	<u> </u>	<u> </u>	
	MJami, Fr 331	76	MJO	MJ, FZ	-3317	7 (_	
	4/21/2011		411	0000	479	105)
3.	Date of filing/registration in Florida	4.		Document number	er	$\cdot \cup \leftarrow$	>
5. (a)	Carlos Leon	<u>_</u>		_			
	Registered Agent and Registered Office shown on the re	cords of the Flori	ida Dept. of Stat	e: 1 1			
	11 t fonce o	de Le	<u>₹</u>	女 左			
	Registered Office Address (MUST BE FLORIDA S	TREET ADDRE	<u>(2.2)</u>				
	+ 404			_	 , ,		
	Coral Galdes	,FL_3	313	-+	ALC:	8 SE	
	-			•	1	-5 -5	: ؛ مسير
(b)	Enter name of NEW Registered Agent and/or NEW Re			-	رين ديرين	=	-
	Enter name of <u>New Registered Agent</u> and/or <u>New Re</u>	gisterea Office :	idaress:		177.	至	<u> </u>
	11440 N Rendal	U Dri	ve	_	FLOR	VH P: 50	`_
	NEW Registered Office Address:	~~				ت ت	
	Penthouse T	<u>vo </u>		-			
	Miami	, FL	<u>3 (r</u>	7 🗲			
If the li	mited liability company is not organized under	the laws of th	ne State of Flo	orida, it is hereby o	confirmed that	after	
the cha	nge or changes are made, the Florida street add	iress of the reg	gistered offic	e and the business	office of the re	gistered	
	vill be identical. Or, in the case of a Florida linger authorized by an affirmative vote of the men						
	cles of organization or the operating agreemen		Hiability con	npany.	,		
(_	M CUM			arlos			
-	are of a member or authorized representative of a member			Printed or typed nam	-		
provisi	by accept the appointment as registered agent of ons of all statutes relative to the proper and co	mplete perfor	mance of mv	duties, and I am Ta	ımiliar with an	d accent	
the obli to mere	igations of my position as registered agent as pro- the reflect a Change in the registered office add	provided för ir Fress, I hereby	i Chapter 60; confirm that), F.S. Or, if this a the limited liabilit	tocument is bei v company has	ng filed been	
nonfiec	I'm writing of this change.	·	•	•	- •		
Signatur	re of Registered Agent						