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K. SALY EXAMINER

SEP 13

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	ECT: Leaseconomics, LLC					
		ne of Limited L	iability Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:						
Britta	Eriksson					
	Name of Person		<u> </u>			
Lease	economics, LLC					
	Firm/Company		_			
3903	Northdale Blvd. Suite 100-E					
	Address					
Tamp	oa, FL 33618					
	City/State and Zip Code					
info@	Pleaseconomics.com					
E	-mail address: (to be used for future ann	nual report notif	ication)			
For fur	ther information concerning this matter,	, please call:				
Britta	Eriksson	813	609-5342			
	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	Reg Div P.C	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
	■ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy			
INHS18	3 (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. N	Name of the limited liability company: Leaseconom	nics, LLC	<i>.</i>	
2. (a)	3903 Northdale Blvd	(t	3903 No	orthdale Blvd
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 100-E		Suite 10	0-E
	Tampa, FL 33624		Tampa,	FL 33624
	811/2011		L1100009	92563
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a	Britta Eriksson			
J. (a	Registered Agent and Registered Office shown on the records of	f the Florida	a Dept. of State	:
	4402 Carrollwood Village Dr.			28
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2016 SEP 12 PM 5: 14 TALLAHASSEE, FLORIDS
	Tampa , F	L_33618		PIZ PH
4.5	Britta Eriksson			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		08.1 -	
	3903 Northdale Blvd)
	NEW Registered Office Address:			
	Suite 100-E			
	Tampa ,F	_L _33624		
the ch agent was/w	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the reginability control of the limited lim	stered office ompany, it is nited liability	and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in pany.
Sign	ature of a member or authorized representative of a member	****		Printed or typed name of signee
I here provis the ob- to men notifie	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete ligations of my position as registered agent as provid rely reflect a change in the registered office address, l ed in writing of this change	ree to act e perform ed for in (hereby c	t in this capa ance of my a Chapter 605, onfirm that t	ncity. I further agree to comply with the huties, and I am familiar with and accept . F.S. Or, if this document is being filed the limited liability company has been
Signat	are of Registered Agent	-		