## 1110000099584

| (Requestor's Name)                      |               |  |  |  |
|---|---------------|--|--|--|
|   |               |  |  |  |
| (Address)                               |               |  |  |  |
|   |               |  |  |  |
| (Address)                               |               |  |  |  |
|   |               |  |  |  |
| (City/State/Zip/Phone #                 | <del>f)</del> |  |  |  |
|   |               |  |  |  |
| PICK-UP WAIT                            | MAIL          |  |  |  |
|   |               |  |  |  |
| (Business Entity Name                   | )             |  |  |  |
| (230,1100)                              | ,             |  |  |  |
| (Document Number)                       |               |  |  |  |
| (Document Number)                       |               |  |  |  |
| Out Tool Out to                         | £ Objections  |  |  |  |
| Certified Copies Certificates o         | r Status      |  |  |  |
|   |               |  |  |  |
| Special Instructions to Filing Officer: |               |  |  |  |
|   |               |  |  |  |
|   |               |  |  |  |
|   |               |  |  |  |
|   |               |  |  |  |
|   |               |  |  |  |
|   |               |  |  |  |
|   |               |  |  |  |

Office Use Only



500220560435

02/10/12--01021--009 \*\*25.00

FILED

2012 FEB 10 AM 8: 18

SECRETARY OF STATE.

J. SAULSBERRY EXAMINER FEB 13 2012

## **COVER LETTER**

| 10.    | Division of Corporations   |                                    |                                       |   |
|--------|--|------------------------------------|---------------------------------------|---|
| SUBJ   | JECT:  | Leacock LLC                        |                                       |   |
|        | Name of Li   | mited Liability Company            |                                       |   |
| Dear   | Sir or Madam:  |                                    |                                       |   |
| The e  | nclosed Registered Agent/Registered Of                                       | fice Change and fee(s) are submitt | ted for filing.                       |   |
| Please | e return all correspondence concerning th                                    | his matter to the following:       |                                       |   |
|        | Marco Arnone   | ·                                  |                                       |   |
|        | Name of Person   |                                    |                                       |   |
|        | Leacock LLC  |                                    |                                       |   |
|        | Firm/Company   | •                                  | 2012<br>TALL                          |   |
|        | 23 Leacock Cres.   |                                    | 2012 FEB 10<br>SECRETARY<br>ALLAHASSE | 7 |
|        | Address  |                                    | رسے از ا                              |   |
|        | Toronto, Ontario Canada M3B 1  | N8                                 | AM 8:<br>DF STAI                      |   |
|        | City/State and Zip Code  |                                    | DA TE                                 |   |
|        | • •  |                                    |                                       |   |
| Е      | arnonem@sympatico.ca -mail address: (to be used for future annual report not | ification)                         |                                       |   |
| For fu | orther information concerning this matter                                    | , please call:                     |                                       |   |
|        | Marco Arnone   | at (416)578-2                      |                                       | _ |
|        | Name of Person   | Area Code & Daytime Teleph         | hone Number                           | _ |
|        | STREET/COURIER ADDRESS:  | MAILING ADDRESS:                   |                                       |   |
|        | Registration Section   | Registration Section               |                                       |   |
|        | Division of Corporations   | Division of Corporations           | ,                                     |   |
|        | Clifton Building   | P.O. Box 6327                      | •                                     |   |
| ·- ·   | 2661 Executive Center Circle   | Tallahassee, Florida 32314         | ,                                     |   |
|        | Tallahassee, Florida 32301   |                                    |                                       |   |
|        | Enclosed is a check for the following  | amount:                            |                                       |   |
|        | \$25 Filing Fee  | \$55 Filing Fee & Certific         | ed Copy                               |   |

TATT TO 10 /2/001

## 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.

| Name of the limited liability company:   | Leacock LLC   |
|--|---|
| 2. (a) Principal office address of limited liability company   | 23 Leacock Cres.  |
| (Note: MUST BE STREET ADDRESS)   | Toronto, Ontario CANADA<br>M3B 1N8  |
| (b) Mailing address of limited liability company:  | 23 Leacock Cres.  |
| (Note: MAY BE POST OFFICE BOX)   | Toronto, Ontario CANADA M3B 1N8   |
| August 30, 2011  | L11000099584  |
| 3. Date of filing/registration in Florida  | 4. Document number  |
| 5. (a) Registered Agent and Registered Office shown on the   | the records of the Florida Dept. of State:  |
| Registered Agent:  | Wade C Vose   |
| Registered Office Address:   | 324 W. Morse Blvd<br>Winter Park, Fl. 32789   |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :  NEW Registered Office Address:   | W Registered Office address:  Marco Arnone  3421 Ballybridge Circle   |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  | Apt. #201 Bonita Springs ,FL 34134  |
| If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fland the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Marco Arnone  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of a member of the provisions of all statutes relative to the province of the provisions of the obligations of my possible to the province of the p | aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization |
| Signature of Registered Agent  |   |