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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: LEEF, LLC Name of Limit	ed 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	o the following:			
Morgan R. Bentley Name of Person				
Bentley & Bruning PA Firm/Company				
783 Su. Orange Ave. Suit	<u>4e 3</u> 00			
Sovras Ota, FL 34236 City/State and Zip Code	<u> </u>			
Mbentley C bentleyard bruning Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Morgan R. Bentley at (941) 556-9030 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:				
\$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. Na	ame of the limited liability company: LEEF, LLC	
	(b)	
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	783 50 Orange Ave, Suite 300 783.	Su Alasca Aus Suit 3/1
	· · · · · · · · · · · · · · · · · · ·	ent to 21/21
	Garasota, FL 34236 Saro	1 SUHA, PL 39050
	12/28/2011	00144699
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Morgan Rentley	
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	te:
		•
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
	783 Su. Drange Avenue, Suite 220	_
	Sarasota, FL 3436	\mathfrak{S}_{\cdot}
(b)		- AA
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	SER 20
	NEW Registered Office Address:	
	783 So. Orange Ave., Suite 300 Sarasuta, FL 34236	02
	5.03/	
	Sarasuta, FL 34236	_
If the I	limited liability company is not organized under the laws of the State of F	lorida, it is hereby confirmed that after
the cha	ange or changes are made, the Florida street address of the registered official be identical. Or, in the case of a Florida limited liability company, it	is hereby confirmed that the change(s)
was/w	vere authorized by an affirmative vote of the members of the limited liabilities of organization or the operating agreement of the limited liability co	ty company or as otherwise provided in
tile are	market in Morca	()
Signa	ature of a member of authorized representative of amember	Printed or typed name of signee
I here	eby accept the appointment as registered agent and agree to act in this ca sions of all statutes relative to the proper and complete performance of my	pacity. I further agree to comply with the duties, and I am familiar with and accept
the obt	sions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 60 rely reflect a change in the registered office address, I hereby confirm tha	15, F.S. Or, if this document is being filed the limited liability company has been
notifie	ed in writing of this change.	
Ciamata	of Boolstand Adv	

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

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