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SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. HARRIE

## **COVER LETTER**

TO: Registration Section Division of Corporations								
SUBJECT: PEO DIRECT LLC  Name of Limited Liability Company								
Name of Limited 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 the following:								
Daniel C. Olsak								
Name of Person								
Peo Direct lle								
Firm/Company								
7550 nu 112 gath								
Address								
Medley Fl 33178.								
City/State and Zip Code								
Daniel Olsak Qanail on.								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Doniel Olsak at (786) 3126401								
Name of Person Area Code & Daytime Telephone 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 & 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.

١.	Na	me of the limited liability company:	Leo Di	rect L	LC_					
2.	(a)	7550 nw 112 porth	(b)	<u> 7220</u>	nu nzp	5104				
		Principal office address of limited liability company:			ing address of limited	•				
		(Note: MUST BE STREET ADDRESS)		<u>(N</u>	Note: MAY BE POST	<u>OFFICE</u>	BOX)			
		medley Fl 33179		medle	y pl 33	VF1				
			_		1 -		<u> </u>			
		02/27/2012		Lizo	00058125	•				
3.		Date of filing/registration in Florida	4.	Do	cument number					
5.	(a)	araica, ana Isabel		·						
		Registered Agent and Registered Office shown on the records		•						
		4011 W Flagler SE-te 501 Coral golls FL 33134								
		Registered Office Address (MUST BE FLORIDA STREE								
			FL		•					
		······································	`L							
	(b)	Daniel Olsok			ĬĂĹ	s <del>S</del>				
,	(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addr	<u>ess</u> :		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. Garriera			
						<del>7</del> = <del>7</del>	The sections			
		7650 NW 112 port			<u> </u>	<u> </u>	T			
		NEW Registered Office Address:			ڪين ڪين	PH				
					70	<u>.</u> .	O			
					JASSFE, FLORIDA	i Un	Care Control			
			0.5		DE A	-				
		Medley	<sub>FL</sub> 53	178.			. •			
15.1	ذا ما	inited liability commany is not accomined under the	arro af tha C	لمنسوا الأمر معمد	la it ia kamala, aant	C a of all	h.a			
the	cha	mited liability company is not organized under the nge or changes are made, the Florida street address	of the registe	ered office an	d the business offi	ce of the	nat ancer e registered			
age	nt w	vill be identical. Or, in the case of a Florida limited	liability con	npany, it is he	reby confirmed that	at the ch	ange(s)			
was	/we	ere authorized by an affirmative vote of the member cles of organization of the operating agreement of the	of the limit to limited lis	ed liability co	mpany or as other	wise pro	ovided in			
1110	car cr	Add The speciating agreement of the	ic minica na		=					
e:	on of	ure of a member or authorized representative of a member			iel Olsak					
	-	· ·			inted or typed name of	-				
I h pro the to i	eret visi obli nere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ely reflect a change in the registered office address, I in writing of this change	gree to act i te performa ded for in Ch I hereby con	n this capacit ice of my duti iapter 605, F. ifirm that the	y. I further agree ies, and I am famil S. Or, if this docu limited liability co	to comp iar with iment is ompany	oly with the and accept being filed has been			

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

Signature of Register