L12000038575

(Re	equestor's Name)	
,	,	
(Ac	ddress)	
(Ad	ddress)	
(0)		
(CI	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bi	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
	Filler Officer	
Special Instructions to	Flling Officer,	
		:
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2012 JUL 16 AM 84 14 SECRETARY OF STATE

Office Use Only

J. SAULSBERRY EXAMINER JUL 17 2012

COVER LETTER

	Registration Section Division of Corporations		
	· .		
SUBJE		RCORP ENTERPRISES LLC.	
	Name	e of Limited Liability Company	
Dear Si	r or Madam:	•	
The end	closed Registered Agent/Register	red Office Change and fee(s) are submitted for filin	g.
Please r	return all correspondence concer	ning this matter to the following:	
	Michael Léonard	·	
	Name of Person		
	Sibercorp Enterprises	LLC	
	Firm/Company		
	380 W Palmetto Park Rd -	Suite 301	2012 JUL 16
	Addiess	H.	<u> </u>
		S S S S S S S S S S S S S S S S S S S	
	Boca Raton, FL 334	32	. 0
	City/State and Zip Code		
			ු
	michael@sibergen.c	<u>om</u>	
E-n	nail address: (to be used for future annual r	eport notification)	4 -
For fur	ther information concerning this	matter, please call:	
	Michael Leonard	at (408) 7181178	
	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	D.O. Doy 6227	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
	Enclosed is a check for the following	lowing amount:	• ,
Γ	✓ \$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 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.

-	.	
1. Na	me of the limited liability company:	SIBERCORP ENTERPRISES LLC.
2. (a)	Principal office address of limited liability	company: 33 E Camino Real
	(Note: MUST BE STREET ADDRESS)	Suite 927 Boca Raton FL, 33432
(b)	Mailing address of limited liability compar	
	(Note: MAY BE POST OFFICE BOX)	Suite 927 Boca Raton, FL 33432
	March 20,2012	L12000038575
3. Da	te of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sh	nown on the records of the Florida Dept. of State:
	Registered Agent:	Michael Leonard 7 22
	Registered Office Address:	33 E Camino Real
(b)	Enter name of NEW Registered Agent an	d/or NEW Registered Office address
	NEW Registered Agent:	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	380 W Palmetto Park Rd Suite 301 Boca Raton ,FL 33432
confinand the liability of the	med that after the change or changes are ma	nder the laws of the State of Florida, it is hereby de, the Florida street address of the registered office I be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote r as otherwise provided in the articles of organization company.

Signature of a member or authorized representative of a member

Michael Leonard

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent