

**L12000038575**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY-ASSISTANT  
DIVISION OF CORPORATIONS  
2013 JAN -2 PM 4:01

**C. LEWIS**

JAN 3 2013

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 19, 2012

MICHAEL LEONARD / SIBERCORP ENTERPRISES LLC  
2255 GLADES RD SUITE 324A  
BOCA RATON, FL 33432

SUBJECT: SIBERCORP ENTERPRISES LLC  
Ref. Number: L12000038575

We have received your document for SIBERCORP ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 012A00029938

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Siber corp Enterprises, LLC  
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:

Michael LEONARD  
Name of Person

Sibercorp Enterprises, LLC  
Firm/Company

380 W Palmetto Park Rd - unit 301  
Address

BOCA RATON, FL 33432  
City/State and Zip Code

Michael@Siberger.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael LEONARD at ( 408 ) 7181178  
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 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. Name of the limited liability company: Sibercorp Enterprises, LLC
2. (a) Principal office address of limited liability company: 380 W. PALMETTO PARK RD  
(Note: **MUST BE STREET ADDRESS**) UNIT 301  
BOCA RATON, FL 33432
- (b) Mailing address of limited liability company: 380 W PALMETTO PARK RD  
(Note: **MAY BE POST OFFICE BOX**) UNIT 301  
BOCA RATON, FL 33432

MARCH 20, 2012

3. Date of filing/registration in Florida

L12 0000 38575

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

MICHAEL LEONARD

Registered Office Address:

380 W PALMETTO PARK RD  
UNIT 301  
BOCA RATON, FL 33432

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

2255 GLADES RD-SUITE 324A  
BOCA RATON  
FL 33432

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Michael Leonard  
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.

Michael Leonard  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00