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Certified Copies	Certificate	s of Status
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SECRETARY OF STATE
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AHASSEE, FLORIDA

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EXAMINER

## **COVER LETTER**

Division of Corporations		
SUBJECT:	eebov Golde Group, LLC	
	of Limited Liability Company	_
Dear Sir or Madam:		
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
Wendy Leebov		
Name of Person		
Leebov Golde Group		
Firm/Company		
901 N. Penn Street F61	10	
Address		
Philadelphia PA 1912	SECRETALIANA	нtс
City/State and Zip Code		ř.
leebovw1@comcast.ne	et not not not not not not not not not no	1
E-mail address: (to be used for future annual repo	ort notification)	£_
For further information concerning this m	natter, please call:	
Wendy Leebov	at ( 215 ) 413-1969	
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 follow	wing amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

**TO:** Registration Section

## 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:	Leebov Golde Group, LLC	
2. (a) Principal office address of limited liability compa	ny: 625 Casa Loma Blvd., Unit 1406	
(Note: MUST BE STREET ADDRESS)	Boynton Beach FL 33435	
(b) Mailing address of limited liability company:	625 Casa Loma Blvd., Unit 1406	
(Note: MAY BE POST OFFICE BOX)	Boynton Beach FL 33435	
June 7, 2012	L12000076555	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:	
Registered Agent:	Wendy Leeker	
Registered Office Address:	625 Case Lome Blod, unit	
	EUVITAN Black FI 33435	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>		
NEW Registered Agent:	Registered Agents Inc	
NEW Registered Office Address:	3030 N. Rocky Point Dr. STE 150A	
(MUST BE FLORIDA STREET ADDRESS)	Tampa (1) 33607.	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the Amited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Floridadimited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization	
Wendy Leebov, President and CEO		
Printed or typed name of signee	<del></del>	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my paper 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office my has been notified in writing of this change.	
Signature of Registered Agent Dan Keen	-President	

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