L/3000 115930

	Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations	
Leo&Lamb, llc SUBJECT:	
Nam	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
Leigh Lamb	
Name of Person	
leo&lamb	
Firm/Company	ACC
100 Point Comfort Road	(조선 프리 가지
Address	
Mary Esther, Florida 32569	FLO
City/State and Zip Code	
leighglamb@gmail.com	7> .
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter,	please call:
Leigh Lamb	615 948-4406 at ()
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

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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.

I. Na	leo&lamb, llc une of the limited liability company:					
2. (a)	Leigh Lamb	(b	Leigh L	amb		,
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of li	imited liability con	
	100 Point Comfort		5111 Sเ	unnybrook Lan		<u>~1.0</u> /
	Mary Esther, FL 32569	_	Wichita	Falls, TX 7631	10	
	8/16/2013		L13000	115930		
3. 5. (a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS	4. , INC.		Document numb	ber	
, (a)	Registered Agent and Registered Office shown on the records of the 13302 Wividing Oak Cou			te:		
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	2	_	2018 1ALI	
	Tampa , FL	33612		_	B AUG	
(b) 4	Bigh Lambo				-3 PB	
	Enter name of NEW Registered Agent and/or NEW Registered (Office add	dress:	_	19	
	Leigh Lamb				STATE PLORIDA	
	NEW Registered Office Address:	-		_	S	
	100 Point Comfort Road			_		
	Mary Esther	32569				
he chai igent w	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab	the regis bility co	stered offic mpany, it i	e and the busines is hereby confirm	ss office of the released that the char	egistered
he artic	re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the life.	imited li	iability con	npany or as npany or as npany. Lulu Printed or typed na		ided in
Signan	ure of a member or authorized representative of a member			Printed or typed na	ame of signee	
rovisio he obli o mere	by accept the appointment as registered agent and agreence of all statutes relative to the proper and complete parties of any position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	ia to ant	in this seem	varaitus I Guntlanus a		with the nd accept ing filed s been
Sibnettur	of Registered Agent					
~	a contradiction tightin					