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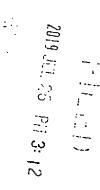
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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COVER LETTER

	Registration Section Division of Corporations							
SUBJE	Liebold Technologies 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:								
David	J Liebold							
***	Name of Person		-					
Liebolo	d Technologies LLC							
	Firm/Company		-					
400 St	an Dr STE 3							
	Address		-					
Melbo	urne, FL 32904							
	City/State and Zip Code	·	-					
dliebol	d@gmail.com							
E-3	mail address: (to be used for future annual re	port notifica	ation)					
For furth	ner information concerning this matter, pleas	se call:						
David .	J Liebold	863	414-2644					
	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	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314					
	Enclosed is a check for the following amount:							
!	☑ \$25 Filing Fee	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.

1. N	ame of the limited liability company: Liebold Techn	ologie	s LLC			
2. (a)	Liebold Technologies LLC	(1	(b) Liebold Technologies LLC			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited (Note: MAY BE POST	-	
	400 Stan Dr STE 3		400 Star	n Dr STE 3		
	Melbourne, FL 32904	-	Melbour	ne, FL 32904		
	11/14/2013		L1300016	60211		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Liebold Technologies LLC					
,	Registered Agent and Registered Office shown on the records of th	e Florid:	Dept. of State	- e:		
	David J Liebold					
	Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS	2	-		
	4405 Lost Ball Ct					
	Sebring .FL	3872		-		
(b)	Liebold Technologies LLC				201	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	ffice ad	dress:	•	2019. E	
	David J Liebold					
	NEW Registered Office Address:			•	7	
	400 Stan Dr STE 3				P.11 3:	·
	Melbourne	32904			12	
signat I herel provisithe oblito mere	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of eles of organization or the operating agreement of the liability and the appointment as registered agent and agreed of all statutes relative to the proper and complete points of all statutes relative to the proper and complete points of my position as registered agent as provided by reflect a change in the registered office address, I he is provided the proper and complete points of my position as registered of the proper and complete points of this change.	ne regis fility co the lim mited I Day	stered office ompany, it is ited liability iability com /id J Liebo	e and the business office hereby confirmed that company or as other apany. Did Printed or typed name of cocins. I further cores.	ce of the at the cha wise prov	registered nge(s) rided in

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

Signature of Registered Agent