## L14000091965

(Requestor's Name)						
(Address)						
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(Address)						
(City/State/Zip/Phone #)						
(Oity/Otato/21ph Hone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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> 7-9-14 Dc

## **COVER LETTER**

TO: Registration Section

Di <b>⁄</b> i	sion of Corporations						
SUBJECT:	. All About Leadership LLC						
oobter.	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Off	ice Change and fee(s	) are submitted for filing.				
Please return	all correspondence concerning th	is matter to the follow	wing:				
Kathleen S	S. Miller						
	Name of Person						
All About I	Leadership LLC						
*	Firm/Company						
P. O. Box	1083						
M	AILING Address	· · · · · · · · · · · · · · · · · · ·					
Welaka, F	L 32193						
	City/State and Zip Code						
kathleensi	miller@gmail.com						
E-mail	address: (to be used for future and	nual report notification	n)				
For further in	nformation concerning this matter	, please call:					
Kathleen S	S. Miller	904 S	910-6916				
	Name of Person	— · · · · · · · · · · · · · · · · · · ·	a Code & Daytime Telephone Number				
Regi Divi Clift 2661	EET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Registra Divisior P.O. Bo	ng ADDRESS: tion Section of Corporations x 6327 ssee, Florida 32314				
Enc	losed is a check for the following	amount:					
<b>2</b> \$2	25 Filing Fee	□ \$55 Fil	ing Fee & Certified Copy				
INHS18 (2/14	3)						

## 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. 1	Name of the limited liability company:	All About Lea	adership t	LC						
2. (a	Kathleen S. Miller			(b) Kathleen S. Miller						
(	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(*).	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)						
	821 First Avenue		P. O. Box 1083							
	Welaka, FL 32193			Welaka, FL 32193						
	June 9, 2014		L	14000091965						
3.	Date of filing/registration in	Florida	4.	Document nu	mber		-			
5. (a	a)									
	Registered Agent and Registered Office show		the Florida D	Dept. of State:						
	United States Corporation Age									
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  13302 Winding Oak Court, Suite A				7 e	14				
	Tampa	, FI	33612		*	霊	<u> </u>			
						Ω Ω				
(b)	Enter name of <u>NEW Registered Agent</u> and/o	<del></del>	*	=27						
						دب				
	Kathleen S. Miller				,	83				
	NEW Registered Office Address:									
	821 First Ave.	·* · · · · · · · · · · · · · · · · · ·		<del> </del>						
	Welaka	, FI	32193							
							_			
the cagent was/v	e limited liability company is not organize hange or changes are made, the Floridate will be identical. Or, in the case of a Fewere authorized by an affirmative vote of ticles of organization or the operating a	street address of lorida limited li of the members	f the registe iability con of the limit e limited lia	ered office and the busing pany, it is hereby confi- ed liability company or	ness office of rmed that the	the reg change	istered (s)			
Sign	nature of a member or authorized representative	of a member	Nam	Printed or typed	name of signee					
I her provi	reby accept the appointment as registere isions of all statutes relative to the prop bligations of my position as registered of the property reflect a change in the registered of the property of the property of Registered Apont	ed agant and ag	ree to act in performared for in Ch hereby con	n this canacity. I furtha	r amea to cor	nply wi th and is bein y has t	ith the accept g filed een			