Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC

Account Number : I20150000057 Phone : (813)280-1256 Fax Number : (813)251-8715

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ahada @ lieserskaff.com

LIC REGISTERED AGENT CHANGE LIESER & SKAFF HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2015 JUL -7 AMID: 34

5 JUL -7 PH 3: 38

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K.SALY EXAMINER JUL -8 2015

7/7/15, 2:26 PM

From: Jeff Lieser

Fax: (813) 251-8715

To: H15000165848 3

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COVER LETTER

Division of Corporations	
SUBJECT: Lieser & Skaff Holdings, LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Ghada Skaff	
Name of Person	yyenig,
Lieser & Skaff Holdings, LLC	
Firm/Company	Administrative and Manufactures
403 N. Howard Avenue	
Address	
Tampa, FL 33606	
City/State and Zip Code	apriling a proposition of the state of the s
info@lieserskaff.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ase call:
Ghada Skaff	813 280-1256
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 am	ount:
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

Fax: (813) 251-8715

To:.. +1 (850) 617-6383

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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.

1. N	ame of the limited liability company: Lieser & Skaf	ff Holo	ding	s, LLC	
2. (a)	403 N. Howard Avenue		(b)	403 N. I	Howard Avenue
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)]	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa, FL 33606			Гатра,	FL 33606
3.	03/23/2015 Date of filing/registration in Florida	 4.	<u>L</u>	150000	51403 Document number
	Lieser & Skaff P I	••			Doddinesk stations
5. (a)	Registered Agent and Registered Office shown on the records of 511 West Bay Street Registered Office Address (MUST BE FLORIDA STREET) Suite 350			ept. of State	-
	Tampa	3360	6		2 15 JULY
(b)	Lieser & Skaff, P.L. Enter name of NEW Registered Agent and/or NEW Registered 403 N. Howard Avenue NEW Registered Office Address:	Office :	addr	<u>ess</u> :	
	Tampa,FL	3360	6		
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like a cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the repability of the li	giste com imite d lia	red office pany, it is ed liability bility con	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
ار ان ان ان ان	ture of a member of authorized representative of a member	G.	hac	a Skaff	Drietad un transdam of Company
I here provis the obstoner to mer notifie	by accept the appointment as registered agent and agricons of all statules relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a change of this change.	ree to a perfor d for in hereby	nct in man n Ch con	this cape ce of my c apter 605 firm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept . F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: S25.00

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