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K. SALY EXAMINER OCT -1 2015

COVER LETTER

	gistration Section vision of Corporations							
SUBJECT	: <i>L</i>	-cann	a Fi	uin	LLC			
	Name of Limited Liability Company							
Dear Sir or	Dear Sir or Madam:							
The enclose	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please retu	rn all correspondence concerning	g this matter to	the following:					
Leanna Fruin								
Name of Person								
Leanna Fruin LLC								
	Firm/Company							
3648 SW24th Lane								
	Address							
Delray Beach, F1 33445 City/State and Zip Code								
City/State and Zip Code								
leannafruin @ amail. com E-mail address: (to be used for future annual report notification)								
E-mail address: (to be used for future annual report notification)								
For further	information concerning this mat	tter, please call:						
Leanna Fruin at 521, 445-1415								
	Name of Person		Area Cod	de & Daytime	Telephone Number			
Re Div Cli 260	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 51 Executive Center Circle llahassee, Florida 32301		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	Section orporations 7				
Enclosed is a check for the following amount:								
ZX.	\$25 Filing Fee		\$55 Filing Fe	ee & Certified	і Сору			

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:	Lean	na	-tuin	<u> </u>		
2 (a)	3648 SW 24th Lane.	•	(b)	3648	SW 24th Lan		
2. (4)	Principal office address of limited liability compar		(0)	-	f limited liability company:		
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BI	E POST OFFICE BOX		
	Gelray Beach, Fl			1 Del Fae	1 Beach, F/		
	3344	5			33445		
	11 0 >				0.60 (-1.07)		
	March 33, 2015				00051973		
3.	Date of filing/registration in Florida	4.	0	Document nur	mber		
5. (a)				oan)			
	Registered Agent and Registered Office shown on the reco	,	ida Dept. of S	tate:			
	1201 Hays St				***		
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRE: —)	<u>SS)</u>		•		
	Tallahassee, F	- (70		
	'	.FL 32	1056		F 11 ZUIS SEP		
	1 7			_	語写二		
(b)	Leanna Fruin			_	Z8		
	Enter name of NEW Registered Agent and/or NEW Regi	stered Office a	<u>ıddress</u> :		Fig. 2		
	3448 SW 24	fth /	-and	_	PH 2: 18 EE. FLORIG		
	NEW Registered Office Address:	ı					
	Delray Bea	<u>ch</u>					
	,		2.612				
		_, FL <u>3</u>	3443	<u>></u>			
If the	limited liability company is not organized under t	he laws of th	ne State of I	Florida, it is here	by confirmed that after		
	ange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limi						
was/w	ere authorized by an affirmative vote of the memicles of organization or the operating agreement of	bers of the li	imited liabi	lity company or a	as otherwise provided in		
me an		or the minter	I natinty of	Leanna	e Fruin		
Sign	ature of a member or authorized representative of a member	<u> </u>		Printed or typed			
There	by accept the appointment as registered agent an	d agree to a	et in this co	apacity. I further	agree to comply with the		
the ob	ions of all statutes relative to the proper and com ligations of my position as registered agent as pr rely reflect a change in the registered office addre d in writing of this change	ovided for in	Chapter 6	05, F.S. Or, if that the limited link	is document is being filed		
notifie		ou, i nereuy	congrim in	as sist soiissett slut	my company nas ocon		
Sinda	are of Registered Agent	_					
Signati	_ / /						
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00							