## L15000125587

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## ROBERT E. BONE JR., P.A. ATTORNEY AT LAW

918 W. Main Street Leesburg, Florida 34748 Phone. 352-315-0051 Fax. 352-326-0049

December 11, 2015

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: LE ATTITUDE LLC Ref. Number: L15000125587

Dear Sir or Madame:

Please find enclosed the following documents for processing:

- 1. Registered Agent/Registered Office Change and filing fee;
- 2. Resignation of Registered Agent and filing fee;
- 3. Dissociation or Resignation of Member, Maganger; and
- 4. Our check for \$135.00

If you have any questions or concerns, please do not hesitate to contact me.

Robert E. Bone, Jr.

Enclosures: As noted

## 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. Na	ame of the limited liability company: LE ATTITUD	E LLC	
.,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	712 W. MAIN STREET, SUITE 2	7	12 W. MAIN STREET, SUITE 2
	LEESBURG, FL. 34748		EESBURG, FL. 34748
	JULY 22, 2015	L1	5000125587
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida De	ppt. of State:
	PAMELA J. GATCH		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	712 W. MAIN STREET, SUITE 2		. 29
	LEESBURG , FI	34748	
(b)	KAYE G. BORDERICK		DEC IU P 2: 2:  METARY OF STATE  SHUGSFF, FLORID
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addre	
			D 2:
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	ATE RIO
	37407 N. CR 44A		
	EUSTIS	_32736	
the cha agent v was/we the arti Signa I here provisi the obli	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the dure of a member or authorized representative of a member by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I din writing of this change.	f the register iability composite limited liab  KAYE	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in pility company.  G. BORDERICK  Printed or typed name of signee  this capacity. I further agree to comply with the