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COVER LETTER

TO: Registration Section Division of Corporations	
Leads For You Enterprises; I	LLC.
Name	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Steven Hembrook	
Name of Person	
Leads For You Enterprises; LLC.	
Firm/Company	
1305 Shallcross Ave.	
Address	
Orlando, FL. 32828	
City/State and Zip Code	
shembrook@yahoo.com	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter,	please call:
Steven Hembrook	407 450-3633
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	g amount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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:	Enter	prises	LLC.		
2. (a)	1305 Shallcross Ave. Orlando, FL. 32828	(b	1305	Shallcross Ave.	Orlando, FL.	32828
(0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ("	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		-				
	8/5/2015		L15000	0133820		
3.	Date of filing/registration in Florida	4.		Document num	ber	
5. (a)	UNITED STATES CORPORATION AGENTS	, INC.				
	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of	State:		
	13302 WINDING OAK COURT A					
	Registered Office Address (MUST BE FLORIDA STREET AI	DDRESS	<u> </u>		SOLID J	
	Tampa,FL ³	33612	 	_	JUN -7 PM 12: AHASSEE, FLORI	F
(b)	Steven Hembrook				PM 12: 00 E. Fiorioz	ED
()	Enter name of NEW Registered Agent and/or NEW Registered C)ffice ad	dress:			***
	1305 Shallcross Ave.				· C	
	NEW Registered Office Address:					
	Orlando 51 3	32828		<u> </u>		
	FL_					
the cha agent v was/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization on the operating agreement of the li	he regi bility co the lin	stered of ompany, nited liab	fice and the busine it is hereby confirm ility company or as	ess office of the r ned that the char	egistered ige(s)
	Ste MI	Ste	ven He	mbrook		
Signa	thre of a member or authorized representative of a member			Printed or typed r	name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	re to actory perform for in (ereby c	t in this c ance of . Chapter onfirm to	capacity. I further my duties, and I am 605, F.S. Or, if thi hat the limited liabi	agree to comply of familiar with an is document is be ility company ha	with the nd accep ang filed s been
Signatu	are of Registered Agent					

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