

L15000165791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FEB 07 2017

S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 FEB -6 PM 3:54

To whom it may concern,

Please see enclosed.

Thank you,

Gion Leone

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 FEB -6 PM 3:54

Registration Section  
Attn: Division of Corporations  
PO BOX 6327  
Tallahassee, FL 32314

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LE1 of Central Florida, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gion Leone

Name of Person

LE1 of Central Florida, LLC

Firm/Company

820 SE 38th Ave

Address

Ocala, FL 34471

City/State and Zip Code

gcleone2@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gion Leone

at (352)

514-3447

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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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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. Name of the limited liability company: LE1 of Central Florida, LLC

2. (a) 812 SW 5th Ave (b) 820 SE 38th Ave

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Unit 3

Ocala, FL 34471

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Ocala, FL 34471

September 29th, 2015

L15000165791

3. Date of filing/registration in Florida

4. Document number

5. (a) Terry Beyer

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4840 NE 10th Street

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Ocala, FL 34470

(b) Gion Leone

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

820 SE 38th Ave

**NEW** Registered Office Address:

Ocala, FL 34471

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Gion Leone

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

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

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