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(Re	equestor's Name)				
(Address)					
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(Ci	ty/State/Zip/Phone #	()			
PICK-UP	☐ WAIT	MAIL			
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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. Na	ame of the limited liability company:	LEO LAN	E MAGI	UOLIA PLA	4CE, LLC
	7555 GARDEN ROAD, 9	_	(b)		
	Principal office address of limited lia	bility company:	- (/		f limited liability company: E POST OFFICE BOX)
	(Note: MUST BE STREET A.		,	(INOTE: MIAT BE	E POST OFFICE BOX)
	RIVIERA BENCH	, PC 33(0)			
	10/29/15	***************************************		1500016	34451
3.	Date of filing/registration in	Florida	4.	Document nur	mber
5. (a)	SCOTT COLTE	N			
` /	Registered Agent and Registered Office show	n on the records of the			
	7555 Burlin Rdy Bl	ds A. Kir	m Beach	JA 3340	Y
	Registered Office Address (MUST BE F	ORIDA STREET AL	DDRESS)		
		***			<u> </u>
		, FL_	······································		
(b)	Eugene Franci	ivilla			HAS I
()	Enter name of NEW Registered Agent and/o	or NEW Registered C	Office address:		948 9
	7 583 Gulle Registered Agent and Age	a a	. 4	/ 6 32	164 E
	7885 Constr. Rd,	BloyM, R	vien be	ach, (2 53	, 20/ ES = C
	NEW Registered Office Address:				56
				· 	<u>.</u> >
		. FL		•	
If the I	imited liability company is not organi ange or changes are made, the Florida	zed under the laws street address of t	s of the State o he registered o	of Florida, it is here office and the busin	by confirmed that after $\cos x$
agent	will be identical. Or, in the case of a f	Florida limited lial	oility company.	, it is hereby confir	rmed that the change(s)
was/w	ere authorized by an affirmative vote of organization or the operating a	of the members of	the limited lia imited liability	bility company or a company.	as otherwise provided in
				ENE FRAN	CAUILLA
Signa	ature of a member or authorized representative	of a member		Printed or typed	name of signee
I here provis the ob- to mer	by accept the appointment as register ions of all statutes relative to the propligations of my position as registered ely reflect a change in the registered of in writing of this change.		e to act in this performance of for in Chapter ereby confirm t	• •	•
Signati	ve of Registered Agent				