

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leslie Lohn 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:

Leslie R. Lohn
Name of Person

Leslie Lohn LLC
Firm/Company

4095 Roderigo Avenue
Address

North Port, FL 34286
City/State and Zip Code

leslie.lohn4095@gmail.com
E-mail address: (to be used for future annual report notification)

2016 NOV - 9 A 11: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

For further information concerning this matter, please call:

Leslie Lohn at (941) 475-9669
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

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: Leslie Lohn LLC

2. (a) 1460 South McCall Road, Unit 4F (b) 4095 Roderigo Avenue
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
Englewood, FL 34223 North Port, FL 34286

3. January 22, 2016 4. L16000016094
 Date of filing/registration in Florida Document number

5. (a) Leslie R. Lohn
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

9121 Sunrise Lakes Blvd, Ste 219
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Sunrise, FL 33322

(b) 4095 Roderigo Avenue
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

4095 Roderigo Avenue
 NEW Registered Office Address:
North Port, FL 34286

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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

Leslie Lohn
 Printed or typed name of signee

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