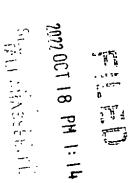
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## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: LIZZI	E LEEOS 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:						
Scott W. Name of	Leeds					
LIZZIELEE	os LLC					
Firm/Cor	npany					
6410 Holate Addres						
Southwest RAN City/State an	iches FL 33330 ad Zip Code					
Swleeds @ E-mail address: (to be used	for future annual report notification)					
For further information concerning	ng this matter, please call:					
Scott U. Leeds Name of Person	at (305) 962 - 1236  Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amount:						
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

## 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.

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l.	Na	me of the limited lia	oility company:LIZZI		<u>.                                    </u>	<u> </u>
2.	(a)		latee TRAIL	(b)	<del></del>	
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		33330	)			<del></del>
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3.		Date of filit	ng/registration in Florida	4.	Document n	umber
5.	(a)	$\frac{1}{2}$	+ Leeds			
		Registered Agent and Re	gistered Office shown on the records of the	: Florida Dept. o	f State:	
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		Registered Office Addre		DRESS)		<i>م</i>
		Pompa	no Beach			027
			ÇI.	3300	6 0	2027 OCT 18 PM 1: 14
			, 1 12_		<u> </u>	- 100 February
	(b)		H Leeds			
		Enter name of NEW Re	istered Agent and/or NEW Registered O	office address:		
		/ /	11-1-1-0 700	٠,		<u>-</u>
		6410	HolAtee TRA	114		•
		NEW Registered Office	Address:			
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		JOUTHWES	r KANCNES .FL	2223	<u>50</u>	
			any is not organized under the laws			
			the Florida street address of the re in the case of a Florida limited liab			
			ffirmative vote of the members of the operating agreement of the life			or as otherwise provided in
111	 	the grant and	the operating agreement of the in		4+ W.	leeds
_	Signa	ture of a member or autho	rized representative of a member	_ 300	Printed or typ	ed name of signee
ſ	herei	by accept the appoint	ment as registered agent and agree	to act in this	capaçity. I furil	er agree to comply with the
pr th	ovisi e obl	ons of all statutes religiously positions of my positions of my positions of the pro-	utive to the proper and complete point as registered agent as provided to the registered office address. The	erjormance of for in Chapter raby confirm	my aunes, and 1 c 605, F.S. Or, if that the limited b	um jaminar with and accept this document is being filed ability company has been

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

notified in writing of this change.

Signature of Registered Agent