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Division of Corporations

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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.

I. Na	me of the limited liability company:LECESSE CO		TION SERVICES LLC
2. (a)	15 Circle St.	(b)	15 Circle St.
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Rochester, New York 14607	_	Rochester, New York 14607
	12/19/2007	••••	M07000007401
	Date of filing/registration in Florida	4.	Document number
. (a)	CT CORPORATION SYSTEM		
	Registered Agent and Registered Office shown on the records of t 1200 SOUTH PINE ISLAND RD Registered Office Address	•	<u> </u>
	PLANTATION , FL	33324	
	Business Filings Incorporated		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	
	1200 South Pinc Island Road		
	NEW Registered Office Address:		<u>(m = 1</u>
	Plantation FL.	33324	
Signan hereb covision metal	mited liability company is not organized under the law age or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial reauthorized by an affirmative vote of the members of eles of organization of the operating agreement of the law of member of authorized representative of a member of authorized representative of a member of authorized representative of a member of all statistics relative to the proper and complete periods of all statistics relative to the proper and complete periods of any position as registered agent as provided by reflect a change in the registered office address, I have a confident of this change.	the regist bility con the limit imited his Ken	ered office and the business office of the registered opany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company. neth Ogden, Manager Printed or typed name of signee or this capacity. I further core to county with the
CHITIS	s Das, AVP, Business Hilings Incorporated Division of Corporations • P.O. B FILING FE		

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