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COVER LETTER

TO:	Registration Section Division of Corporations		·	
SUBJ	SUBJECT: C LEE INTERNATIONAL LLC Name of Limited Liability Company			
	Name of		Liability Company	
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/Registered	Office Cl	hange and fee(s) are submitted for filing.	
Please	return all correspondence concerning	g this mat	tter to the following:	
	1104 44 55			
LISA M LEE Name of Person				
	C LEE INTERNATIONAL L	ı C		
	Firm/Company			
720 NATALIE LANE				
	Address			
PALM HARBOR FL 34683				
City/State and Zip Code				
	LLEE@MID-ATLANTICINV.C mail address: (to be used for future annual report	COM		
I.	man address. (to be used for future annual report	nouncación)	
For fu	rther information concerning this mat	ter, pleas	se call:	
	LISA M LEE	at (412) 992-1504	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MAILING ADDRESS:	
	Registration Section		Registration Section	
	Division of Corporations		Division of Corporations	
	Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle		Tallahassee, Florida 32314	
	Tallahassee, Florida 32301			
	Enclosed is a check for the following	ng amou	ınt:	
	\$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 608.416 or 608.508, 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: C LEE INTERNATIONAL LLC 720 NATALIE LANE 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) PALM HARBOR FL 34683 720 NATALIE LANE (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) PALM HARBOR FL 34683 03/12/2009 M09000000995 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: LISA M LEE Registered Agent: 5945 TARPON GARDENS CI. UNIT 201 Registered Office Address: CAPE CORAL, FL 33914 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address **NEW** Registered Agent: LISA M LEE **NEW Registered Office Address:** 720 NATALIE LANE (MUST BE FLORIDA STREET ADDRESS) PALM HARBOR 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 of a member or authorized representative of a member LISA M LEE 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I pereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent

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