- m12000003054

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SECRETARY OF STATE

N. Ouffigen OCT 3 0 2013



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Courtney Cullen ccullen1@cscinfo.com

Date: October 24, 2013

Order#: 834666-015

Re: LESUTRA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Courtney Cullen

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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: Lesutra, LLC		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 35 Sawgrass Drive Bellport, New York 11713	211 OCT
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	35 Sawgrass Drive Bellport, New York 11713	1 28 M
5/29/2012 3. Date of filing/registration in Florida	M12000003054 4. Document number	(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
		•
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of	of State:
Registered Agent:		
Registered Office Address:	1800 NE 171st Street North Miami, FL 33162	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: MEW REGISTERE FLORIDA STRUET ADDRESS:	Corporation Service Company 1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,	TL_32301
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fh and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registe	ered office limited
Jonathan Webb , Managing Member Printed or typed name of signee		
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my post Chapter 508, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I fur per and complete performance o ition as registered agent as prov ely reflect a change in the regist has been notified in writing of th	ther agree to If my duties, ided for in cred office his change.
By: Opu Hudson, Ass		J
Signature of Registered Agent Corporation Service Company		

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