PO3000/2257)

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
· (Document Number)	
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section	
Division of Corporations	Section 1
SUBJECT: Leon Advertising & Public Relations, (Name of Corporation	Inc.
DOCUMENT NUMBER: <u>PO3000122577</u>	
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
Mark Koonde (Name of Contact Pers	
(Name of Contact Pers	son)
Leon Advertising & Public Re J (Firm/Company)	lations Inc.
11501 5W 40 Street - 2. (Address)	nd Floor
Miani Florida 33(65 (City/State and Zip Co	ode)
For further information concerning this matter, please call:	,
Murk Koonde at (A	305 644-2532 rea Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of S	State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Leon Advertising & Poblic Relations, Inc.
2. The principal office address: 11501 SW 40th Street- 2nd Floor
Miam: FL 33165
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/30/03 Document number: 103000/22577
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Albert R Maury (Resigned)
11501 SW 40 Street
Miem: FL 33165
6. The name and street address of the new registered agent (if changed) and /or registered office C (if changed):
Mark S. Koondel S. F
11501 SW 40th Street-2nd Floor (P.O. Box NOT acceptable)
Miani FL 33/65 == 2
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Julio E. Mendez, President (Signature of an officer or director) Tulio E. Mendez, President (Printed or typed name and title)
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Mark Koexel "14/09
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *