## P06000122406

| (Requestor's Name)                      | _ |
|---|---|
|   |   |
| (Address)                               | _ |
|   |   |
| (Address)                               | _ |
|   |   |
| (City/State/Zip/Phone #)                | _ |
| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  | _ |
|   |   |
| (Document Number)                       | _ |
|   |   |
| Certified Copies Certificates of Status | _ |
|   |   |
| Special Instructions to Filing Officer: | ٦ |
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Office Use Only



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TALLAHASSEE, FLORIDA

R.A. Charge C.COULLIETTE JUL 3 0 2009 EXAMINER

## COVER LETTER

Amendment Section Division of Corporations

TO:

| •                              |                                |                                      |                       |
|--------------------------------|--------------------------------|--------------------------------------|-----------------------|
| SUBJECT:                       | Ledesia Manag                  | ement, Inc.                          |                       |
|                                | Name of C                      | Corporation                          |                       |
| DOCUMENT NUMBER:               | P06                            | 000122406                            |                       |
| The enclosed Statement of Ch   | ange of Registered Offic       | ce/Agent and fee are subm            | nitted for filing.    |
| Please return all corresponden | ce concerning this matte       | er to the following:                 |                       |
|                                |                                |                                      |                       |
|                                | Julie<br>Name of Co            | Kean<br>entact Person                |                       |
|                                | 1                              |                                      |                       |
|                                | FYV Cons                       | sulting, Inc.                        |                       |
|                                | Firm/C                         | ompany                               |                       |
|                                | 4-4-1                          | <b>.</b>                             |                       |
|                                |                                | Parkway, Suite 2031<br>Iress         |                       |
|                                | 7100                           |                                      |                       |
|                                | Lake Marv                      | , FL 32746                           |                       |
| <del> </del>                   | City/State a                   | r, FL 32746<br>nd Zip Code           |                       |
|                                | julie@ax                       | riat com                             |                       |
| E-mail ac                      | Idress: (to be used for        | future annual report not             | ification)            |
|                                |                                |                                      |                       |
| For further information conce  | rning this matter, please      | call:                                |                       |
| Julie k                        | (ean                           | at ( 407 )                           | 923-6274              |
| Name of Cont                   | act Person                     | at ( <u>407</u> )<br>Area Code & Day | time Telephone Number |
| Enclosed is a \$35.00 check m  | ade payable to the Depar       | rtment of State.                     |                       |
| <u>Maili</u>                   | ing Address:<br>ndment Section | Street Addres Amendment S            | <u>s:</u>             |
|                                |                                |                                      |                       |
|                                | sion of Corporations Box 6327  | Division of C<br>Clifton Build       | =                     |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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: Ledesia Management, Inc.  | _  |
| 2. The principal office address: 1515 International Parkway, Suite 2031 Lake Mary, FL 32746   | _  |
| 3. The mailing address (if different):  | _  |
| 4. Date of incorporation/qualification: 09/22/06 Document number: P06000122406  | _  |
| 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)  |    |
| Corporation Service Company   |    |
| 1201 Hays Street  |    |
| Tallahassee, FL 32301  6. The name and street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) are changed (if changed) and /or registered agent (if changed) are changed (if changed) | 7. |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |    |
| FYV Consulting, Inc.  |    |
| 1515 International Parkway, Suite 2031  |    |
| P.O. Box NOT acceptable   |    |
| Lake Mary, FL 32746   |    |
| 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.   |    |
| Signature of an officer or director  Signature of an officer or director  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.  |    |
| 07/24/09  |    |
| Signature of Registered Agent Date  |    |
| If signing on behalf of an entity:  |    |
| Julie Kean, President Typed or Printed Name   |    |
| * * * FILING FEE: \$35.00 * * *   |    |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314