P07000089266

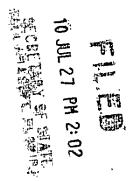
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200183608652

07/27/10--01006--022 **35.00



RAChange 7-27-10 Dc

COVER LETTER

TO: Amendmen Division of	Section Corporations
SUBJECT:	LEOMELISSA, CORP.
	Name of Corporation
DOCUMENT NUM	1BER: P07000089266
The enclosed Staten	nent of Change of Registered Office/Agent and fee are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	ADELFO ROQUE
· .	Name of Contact Person
	CAPITAL ACCOUNTS, INC.
•	Firm/Company
	DO DOV 507000
	PO BOX 527803 Address
* *1	
	MIAMI, FL 33152-7803 City/State and Zip Code
	aroque@capitalaccounts.net
	E-mail address: (to be used for future annual report notification)
-	
	ion concerning this matter, please call:
	DELFO ROQUE at (305)482-9615 e of Contact Person Area Code & Daytime Telephone Number
	check made payable to the Department of State.
*.	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

Fursuant 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: LEOMELISSA, CORP.	
2. The principal office address: 7883 NW 166 TERR, MIAMI LAKES, FL 33016	
3. The mailing address (if different): 7883 NW 166 TERR, MIAMI LAKES, FL 33016	
4. Date of incorporation/qualification: 08/02/2007 Document number: P07000089266	
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)	
RENEE FORMOSO	
7883 NW 166 TERRACE	
MIAMI LAKES, FL 33016	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	erci Heri
MIRIAM FORMOSO	a je
7883 NW 166 TERRACE	
P.O. Box NOT acceptable MIAMI LAKES, FL 33016	
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.	
MIRIAM FORMOSO Signature of an officer or director MIRIAM FORMOSO 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.	
Museum Jonnes July 19, 2010 Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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