P08000109855

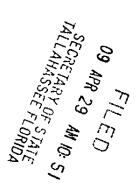
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER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

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: Leah Lehr Inc (Name of Corp	poration)
DOCU	JMENT NUMBER: P08000109855	
The en	closed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please	return all correspondence concerning this matter to	the following:
	Leah L (Name of Contact	_ehr ct Person)
	Leah Le (Firm/Comp	ehr Inc pany)
	150 East Robins (Address	son St. #1016 s)
	Orlando, F (City/State and Z	FL 32801 Zip Code)
For fur	ther information concerning this matter, please call	:
	Leah Lehr (Name of Contact Person)	at (813) 361-4441 (Area Code & Daytime Telephone Number)
Enclos	ed is a \$35.00 check made payable to the Departme	ent of 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

	yped or Printed Name)		
If signing on be	half of an entity:		
(Sig	nature of Registered Agent)	(Date)	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent a o comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in to been notified in writing of this change	nd agree to act in this cupacity. tutes relative to the proper and comp ligation of my position as registered of the registered office address, I hereby c.	lete performance agent. Or, if this confirm that the
· -	re of an officer of director)	Leah Lehr, Presid (Printed or typed name and title	e)
authorized by th	as authorized by resolution duly adopte the board, or the corporation has been n	otified in writing of the change.	fficer so
	ss of its registered office and the stree be identical.		
	(Р.О. вох NO1 ассериам		5) DA
	Orlando,FL 32801		AM IO:
, , ,	150 East Robinson St. #1016		'''O ITI
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered office	FIL APR 29 APETARY AHASSEE
			09 SEC TALL,
1	631 Pinebranch Circle, Winter S	,	
	street address of the current registered a tment of State: (If resigned, enter resign	•	the
4. Date of incorp	oration/qualification: 01/01/2009	Document number: P080001	09855
3. The mailing a	ddress (if different):		
2. The principal	office address: 150 East Robinson	St. #1016, Orlando, FL. 32801	
	he corporation: Leah Lehr Inc	O. 84040 O.L I El 00004	
		erea agem, or boin, in the state of 1 to	riaa.
statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation orga r to change its registered office or regist	nized under the laws of the State of Flo	orida

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