Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112

Phone : (302)575-0875

Fax Number

: (302)575-1642

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE LEVIATHAN CAPITAL GROUP INC.

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JAN 1 7 2013

T. LEWIS

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Corporate Filing Menu

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STATEMENT OF CHANCE OF REGISTERED OFFICE OR RECISTERED 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 arganized 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: LEVIATHAN CAPITAL GROUP INC.	
2. The principal office address: 33 N Gurden Ave. Suite 950	
Clearwater, FL. 33755	
3 The mailing address (if different). 15 Portneuf Court suite 10	Q
Terento Ontario MSA4E4 Canada	
4 Date of incorporation/qualification: 9/13/2012 Document number: P12000077911	
 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) 	
CURT D. BARNES	
301 WEST PLATT ST., STE 119	1
TAMPA, FL 33606	
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):	
AGENTS AND CORPORATIONS, INC.	 س
300 FIFTH AVENUE SOUTH, STE 101-330	17
NAPLES, FL 34102	
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.	, 1
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.	
Michael A Kuling Title UF	>
I hereby accept the appointment as registered agent and agree to act in this capacity. I jurther agree to comply with the provisions of all stanues relative to the proper and complete further agree of my dulies, and I am familiar with and accept the abligation of my position as registered agent. Or, if this accument is being filed merely to reflect a change in the registered affice address, I have been that the corporation has been notified in writing of this change.	
Such dure of Registered Agent N.P. 1/17/13 Ditte	
if signing on behalf of an entity:	
John L. Williams	
typed or itinged ware	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLURIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORFORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR20045 (03/12)