

P13000085788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

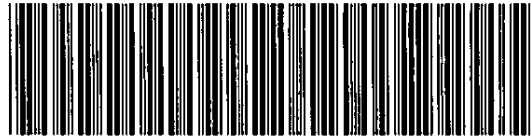
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 18 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Les Sources Multi Services
Name of Corporation

DOCUMENT NUMBER: P13000085788

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

DARLY JEAN
Name of Contact Person

Les Sources Multi Services
Firm/Company

325 Lake Amberleigh Dr
Address

Winter Garden FL 34787
City/State and Zip Code

djpoupeh@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARLY JEAN at (407) 760 8899
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LES SOURCES MULTISERVICES
2. The principal office address: 325 LAKE AMBERLEIGH DR
WINTER GARDEN FL 34787
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 10/13/2013 Document number: 713000085788
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)

the company Corporation
2711 Center Ville Rd #400
Wilmington, DE 19808

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DARLY JEAN
325 LAKE AMBERLEIGH DR
WINTER GARDEN FL 34787

P.O. Box NOT acceptable

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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]
Signature of an officer or director

DARLY Poupeth JEAN
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.

[Signature]
Signature of Registered Agent

08/02/2014
Date

If signing on behalf of an entity:

Typed or Printed Name

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