P97000095177

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Men Spison

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Leyjon Investments Corp. Name of Corporation
DOCUMENT NUMBER: P97000095177
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:
Javier Jacomino Name of Contact Person
Leyjon Investments Corp.
6950 NW 77 CT
Miami, Florida 33166 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
are the second s
Tavier Jacomino at 305 977-3322 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

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

	change its registered office or re		•	
l. The name of the	corporation: Leyjon ice address: G950 NU	Investmen	its Corp.	
2. The principal off	ice address: <u>6950 N W</u>	J 77 COUV	+ Miami,	FC_331
				ASS.
3. The mailing addi	ess (if different):			₽ ₹
			,	ASS
4. Date of incorpore	ntion/qualification: 11/05/9	7 Document m	umber: <u>P9700</u>	०० सिंह। रे
5. The name and str	reet address of the current register ent of State: (If resigned, enter res	ed agent and registered		
<u></u>	Giraldo Lej	Iva Jr		≫ ™ ω
	6950 NW 77			
	Miami, FC 33			
5. The name and str (if changed):	eet address of the new registered		,	
	Charles S.	Sacher, E.	sq.	
	Charles S. 2655 Lejeu Coral Gable	ne Road, S	uite 1101	
	Coral Gable	S.FL 33136	(
The street address	of its registered office and the sti			gistered agent
7 1	1.1			
uthorized by the b	uthorized by resolution duly add oard, by the corporation has bee		^	
m	Mar	Giraldo	Loyva Modor typed name and title	n)
harahyaccant tha		Printe	d or typed name and title	
further agree to c if my duties, and I locument is being corporation has be	appointment as registered agen omply with the provisions of all and familiar with and accept the filed merely to reflect a change i en notified in writing of this cha	u and agree to act in t statutes relative to the obligation of my posi in the registered office inge.	nis cupacity. c proper and comple tion as registered as address, I hereby c	te performanc zent. Or, if thi onfirm that the
Clum	~ Klim	ď	12/2010	
	e of Registered Agent	<u></u>	Dale	
Signatu				

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