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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: LERIVAP, INC.

Name of Corporation

DOCUMENT NUMBER: P99000104519

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:

Peter Betz

Name of Contact Person

Monterey Management Consulting

Firm/Company

1415 Panther Lane Ste 354

Address

Naples, FL 34109

City/State and Zip Code

pbetz@argonair.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Betz

...239

593-6137

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, 617.05 statement of change is submitted for a corporation orgain order to change its registered office or regis	nized under the laws of the State	of Florid	а	
1. The name of the corporation: Lerivap, Inc.				
2. The principal office address: 1415 Panther Lar	ne Ste 354			
Naples, FL 34109				
3. The mailing address (if different):				
. Date of incorporation/qualification: 12/2/1999 Document number: P99000104519				
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign	•	with the	e	
Linda Levin				
501 Goodlette Road N, D10	0	_		
Naples, FL 34102		35	2016	
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered	office	2016 JUN -7	S i
Linda Levy Levin			70	
1415 Panther Lane Ste 354		20 j	PH 12: 3	أسييه
Naples, FL 34109	T acceptable	-2	Ē	
The street address of its registered office and the stree as changed will be identical.	t address of the business office o	f its regi	istered	agent,
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been not be a such change was authorized by resolution duly adopte authorized by the board, or the corporation has been not be a such change was authorized by resolution duly adopte authorized by the board, or the corporation has been not be a such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not be a such change was authorized by the board, or the corporation has been not be a such change with the board, or the corporation has been not be a such change with the board, or the corporation has been not be a such change with the board, or the corporation has been not be a such change with the board, or the corporation has been not be a such change with the board, or the corporation has been not be a such change with the board.	ed by its board of directors or by otified in writing of the change.	an office	er so	
Linda Luy Levin	Linda Levy Levin, President			
Signature of an officer or director I hereby accept the appointment as registered agent at I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to rephereby confirm that the corporation has been notified	tutes relative to the proper and c accept the obligation of my posit	complete	egister dress, I	ed
Linda Stry Shirm	5/27/2016			
Signature of Registered Agent	Date			
If signing on behalf of an entity:				
Typed or Printed Name				
* * * FILING F	EE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314