1900005013

	(Requestor's Name)
	(Address)
- 	(Address)
·	(City/State/Zip/Phone #)
. PICK-	
~::	
····	(Business Entity Name)
	(Document Number)
- Certified Copies	Certificates of Status
Special Instruction	ons to Filing Officer
••	
	J. HORNE
	JUN 2 5 2024
·.	
	Office Use Only
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date: 06/24/	2024	(850) 202-1882
Name: Che	yanne Davis	_
Reference #:	2404301	_
Entity Name:		PPO, INC,
Articles of Inco	orporation/Authorization	to Transact Business
Amendment		
Change of Age	ent	
Reinstatemen	1	
Conversion		
Merger		
☐ Dissolution/Wi	thdrawal	
☐ Fictitious Nam	е	
Other		
Authorized Amount:_	\$35.00	
Signature:	Mayout Ros-	



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Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:06/24/2024	(850) 202-1882
Name: Cheyanne Davis	
Reference #: 2404301	
Entity Name: LEPF	PO, INC,
☐ Articles of Incorporation/Authorization to	
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount:\$35.00	-
Signature: Ofware Re-	

F: +852.2682.9790

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

statement of cha	nge is submitted for a corporation orga	02, 607,1508, or 617,1508, Florida Statutes, a mized under the laws of the State of <u>Ohio</u>	this
		tered agent, or both, in the State of Florida.	
1. The name of	the corporation: LEPPO, INC.		
	office address: 826 OVERHOLT RD., K	ENT. OH 44240	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 11/06/2019	Document number: F19000005073	
	d street address of the current registered riment of State: (If resigned, enter resign	agent and registered office on file with the ned)	
	CT CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION, FL 33324	·	
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	202
	COGENCY GLOBAL INC.		;:- ;:- :-
	115 NORTH CALHOUN STREET, SUI	TE 4	2024 JUT 24
	P.O. B	ox NOT acceptable	
	TALLAHASSEE, FL 32301		1.1 5
The street addr as changed will	ess of its registered office and the stree be identical.	t address of the business office of its registe	က္ red a g ent. <i>ပ</i> ါ
Such change wauthorized by t	as authorized by resolution duly adopt he board, or the corporation has been r	ed by its board of directors or by an officer sootified in writing of the change.	60
يتن الم	_22	Erin Palmer, Secretary	
Signati	re of an officer or director	Printed or typed name and title	
I further agree of my duties, ar document is be	the appointment as registered agent a to comply with the provisions of all ste ad I am familiar with and accept the ob- ing filed merely to reflect a change in t s been notified in writing of this chang	itules relative to the proper and complete pe digation of my position as registered agent, he registered office address, I hereby confir	rformance Or, if this m that the
Bibiann (Concaildi, Asst. Scty	June 14, 2024	
Su	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Cogency	Global Inc.		
	yped 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
CR2E045 (04/13)