## 120 0000195728

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Duniana Fakk Alama)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: TAKING THE LEAP LLC  Name of Limited Liability Company					
	ed Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to	the following:				
Ashley Rethage					
Name of Person					
Firm/Company					
601 NE 36 ST 3205					
Address					
MIAMI FL 33137					
City/State and Zip Code	<del></del>				
Ttheleap@gmail.com					
E-mail address: (to be used for future annual report n	notification)				
For further information concerning this matter, please call:					
Ashley Rethage 32	1 549-8718				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address:	Street Address:				
Registration Section Division of Corporations	Registration Section				
P.O. Box 6327	Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				
	Tallahassee, FL 32303				
Enclosed is a check for the following amount:					

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. (a)		(b)		
2. (,	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		<del>-</del>	ited liability company: OST OFFICE BOX)
	3901 NW 79TH AVE SUITE 245 #1765	601	NE 36 ST 3205	
	MIAMI FL 33166	MIA	AMI FL 33137	
	07/09/2020	1.2000	00195728	
	Date of filing/registration in Florida	4.	Document number	
. (a)	LEGALINC CORPORATION SERVICES INC.			
). (a)	Registered Agent and Registered Office shown on the reco 5237 SUMMERLIN COMMONS	rds of the Florida Dept.	of State:	
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)		
	SUITE 400			
(b)	FORT MYERS	, FL 33907		2021
	REGISTERED AGENTS INC.		·	₹ 5 ± 5
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	stered Office address:	<del></del>	7
	7901 4TH ST N			PH 2:
	NEW Registered Office Address:			<del>د</del> 2
	SUITE 300		<del></del>	
	ST. PETERSBURG	. FL 33702		
hange gent v vas/we he arti	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members of organization or the operating agreement of a member of a member of a member of a member of a member.	of the registered offited liability companions of the limited ling the limited ling.	ice and the business offi y, it is hereby confirmed jability company or as o	ce of the registered d that the change(s) therwise provided in
l herel	by accept the appointment as registered agent an ons of all statutes relative to the proper and com- igations of my position as registered agent as pro Py reflect a change in the registered office addre	d agree to act in thi plete performance o	is capacity. I further as	ree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00