

N13000002251

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB - 3 AM 7:56

FEB 8 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2015

JORDAN TYLER / LEGALINC CORPORATE SERVICES INC
1623 CENTRAL AVE SUITE 145
CHEYENNE, WY 82001 US

SUBJECT: POWER INSTITUTE OF LEADERSHIP INC.
Ref. Number: N13000002251

We have received your document for POWER INSTITUTE OF LEADERSHIP INC. and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 515A00026597

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POWER INSTITUTE OF LEADERSHIP INC
Name of Corporation

DOCUMENT NUMBER: N13000002251

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:

JORDAN TYLER

Name of Contact Person

LEGALINC CORPORATE SERVICES INC.

Firm/Company

1623 CENTRAL AVE, SUITE 145

Address

CHEYENNE, WY 82001

City/State and Zip Code

JORDAN@LEGALINC.COM

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

For further information concerning this matter, please call:

JORDAN TYLER

Name of Contact Person

at (**970**) **581-6156**

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

1. The name of the corporation: POWER INSTITUTE OF LEADERSHIP INC

2. The principal office address: 3693 CIRCLEVILLE STREET
NORTH PORT, FL 34286

3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: N13000002251

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)

USA-RA LLC
841 PRUDENTIAL DRIVE, 12TH FLOOR
JACKSONVILLE, FL 32207

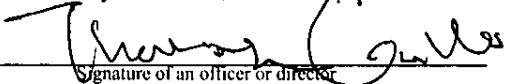
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LEGALINC CORPORATE SERVICES INC.
5237 Summerlin Commons Suite 400
P.O. Box NOT acceptable
Fort Myers FL 33907

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SECTION 607.0502
DIVISION OF CORPORATIONS
16 FEB - 3 AM 7:56

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.

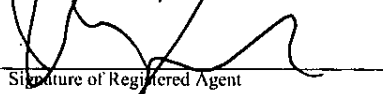


Signature of an officer or director

THOMAS GALLO

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 of Registered Agent

10/20/2015

Date

If signing on behalf of an entity:

JORDAN TYLER

Typed or Printed Name

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

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