

COVER LETTER

TO: Amendment Section
Division of Corporations

LEADING PROPERTIES INC

SUBJECT: _____
Name of Corporation
P18000075886

DOCUMENT NUMBER: _____

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:

GABRIELA MOTORGA

Name of Contact Person

LEADING PROPERTIES INC

Firm/Company

5902 MEMORIAL HWY, APT 916

Address

TAMPA, FL 33615

City/State and Zip Code

gabrielamotorga@hotmail.com

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

For further information concerning this matter, please call:

GABRIELA MOTORGA

239

351-8540

Name of Contact Person at (_____) _____
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: LEADING PROPERTIES INC
2. The principal office address: 5902 MEMORIAL HWY, APT 916, TAMPA, FL 33615

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/06/2018 Document number: P18000075886

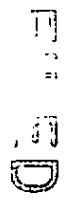
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

GABRIELA MOTORGA
306 STANHOPE CIR
NAPLES, FL 34104

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

GABRIELA MOTORGA
5902 MEMORIAL HWY, APT 916
TAMPA, FL 33615
P.O. Box NOT acceptable

2019 SEP 19 AM 11:56



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.

Gabriela Motorga
Signature of an officer or director

GABRIELA MOTORGA - Director
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.

Gabriela Motorga
Signature of Registered Agent

09/17/2019
Date

If signing on behalf of an entity:

Typed or Printed Name

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