Entity Name: PERSONIFY LEADERSHIP, LLC		5889466567CR		
Current Pr	incipal Place of Business:		00004	
22 SE 17TH A				
FORT LAUDE	RDALE, FL 33301			
Current Ma	ailing Address:			
22 SE 17TI	HAVE			
FORT LAU	DERDALE, FL 33301 US			
FEI Numbe	er: 46-1193504		Certificate of Status De	sired: No
	Address of Current Registered Agent:			
Name and				
RVG & COMF 312 SE 17TH SUITE 301 FORT LAUDE	PANY ST RDALE, FL 33316 US	o registered office or regis	tored event or both in the State of i	-le vide
RVG & COMF 312 SE 17TH SUITE 301 FORT LAUDE The above nam	PANY ST RDALE, FL 33316 US ed entity submits this statement for the purpose of changing it	s registered office or regis	tered agent, or both, in the State of F	
RVG & COMF 312 SE 17TH SUITE 301 FORT LAUDE The above nam	PANY ST RDALE, FL 33316 US	s registered office or regis	tered agent, or both, in the State of F	^{-lorida.} 10/07/2019 Date
RVG & COMF 312 SE 17TH SUITE 301 FORT LAUDE The above nam SIGNATUR	PANY ST RDALE, FL 33316 US ed entity submits this statement for the purpose of changing it RE: JOAO H. GOMES	s registered office or regis	tered agent, or both, in the State of F	10/07/2019
RVG & COMF 312 SE 17TH SUITE 301 FORT LAUDE The above nam SIGNATUR	PANY ST RDALE, FL 33316 US ed entity submits this statement for the purpose of changing it RE: JOAO H. GOMES Electronic Signature of Registered Agent	s registered office or regis	tered agent, or both, in the State of F	10/07/2019
RVG & COMF 312 SE 17TH SUITE 301 FORT LAUDE The above name SIGNATUF	PANY ST RDALE, FL 33316 US ed entity submits this statement for the purpose of changing it RE: JOAO H. GOMES Electronic Signature of Registered Agent d Person(s) Detail :			10/07/2019
RVG & COMF 312 SE 17TH SUITE 301 FORT LAUDE The above nam SIGNATUR Authorized Title	PANY ST RDALE, FL 33316 US ed entity submits this statement for the purpose of changing it RE: JOAO H. GOMES Electronic Signature of Registered Agent d Person(s) Detail : MANAGER	Title	MANAGER	10/07/2019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

10/07/2019 SIGNATURE: MICHELLE CUMMINGS MGR

Electronic Signature of Signing Authorized Person(s) Detail

Date

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000119729

Entity Name: PERSONIEY LEADERSHIP LLC

FILED Oct 07, 2019 **Secretary of State**