

2020 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F16000001938

Entity Name: LEVEN LABS, INC.**Current Principal Place of Business:**747 SW 2ND AVE
STE 265 IMB #7
GAINESVILLE, FL 32601**Current Mailing Address:**747 SW 2ND AVE
STE 265 IMB #7
GAINESVILLE, FL 32601 US**FEI Number:** 42-4209476**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARACORP INCORPORATED
155 OFFICE PLAZA DRIVE, 1ST FLOOR
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JODY MOUA; ASSISTANT SECRETARY

06/23/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DCFO
Name	HARTIG, JAMES W
Address	747 SW 2ND AVE STE 265 IMB #7
City-State-Zip:	GAINESVILLE FL 32601

Title	DP, CEO
Name	RUA, DANIEL
Address	747 SW 2ND AVE STE 265 IMB #7
City-State-Zip:	GAINESVILLE FL 32601

Title	D
Name	VECCHIO, JOHN
Address	747 SW 2ND AVE STE 265 IMB #7
City-State-Zip:	GAINESVILLE FL 32601

Title	VP
Name	RICHARDSON, WILLIAM D
Address	747 SW 2ND AVE STE 265 IMB #7
City-State-Zip:	GAINESVILLE FL 32601

Title	DIRECTOR
Name	DRESDEN, SCOTT
Address	747 SW 2ND AVE STE 265 IMB #7
City-State-Zip:	GAINESVILLE FL 32601

Title	SECRETARY
Name	HAGEN, NATHAN
Address	747 SW 2ND AVE STE 265 IMB #7
City-State-Zip:	GAINESVILLE FL 32601

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL RUA

CEO

06/23/2020

Electronic Signature of Signing Officer/Director Detail

Date