(Requestor's Name) (Address)	7003
(Address)	7000
(City/State/Zip/Phone #)	05
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	6/14/200 8P

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Coleman | Talley

ATTORNEYS

Atlanta Jacksonville Valdosta

A Limited Liability Partnership

April 30, 2021

colemantalley.com

| Amendment Section The Centre of Tallahassee 1 2415 North Monroe Street, Suite 810

Division of Corporations

1 Independent Drive

" Tallahassee, Florida 32303 **Suite 3130**

Jacksonville, Ft. 32202 Phone (229) 242-7562

Leon Propane Inc; Document Number 237932 RE:

To Whom It May Concern:

With regard to the above referenced entity, please find enclosed our firm's check in the amount of \$35.00 for your service fee for Statement of Change of Change of P Registered Agent for Corporations.

If you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,

Enclosures

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJI Name	ECT: Leon Propane Inc of Corporation		
DOCL	UMENT NUMBER: 237932		
The en	closed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this	s matter to the following:	
Gregor	y Q. Clark		
Name	of Contact Person		
Colema	an Talley LLP		
Firm/C	Company		
1 Indep	pendent Drive, Suite 3130		
Addres	SS		
Jackson	nville, Florida 32202		
City/St	tate and Zip Code		
	greg.clark@colemantalley.co		
E-mai	l address: (to be used for future annual	report notification)	
For fur	ther information concerning this matter, p	please call:	
Gregor	y Q. Clark	at (904) 456-8960 Area Code & Daytime Telephone Number	
	Name of Contact Person	Area Code & Daytime Telephone Number	
Enclos	ed is a \$35.00 check made payable to the	Department of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Amendment Section Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes ange is submitted for a corporation organized under the laws of the State of <mark>Florida</mark> er to change its registered office or registered agent, or both, in the State of Florida.		
	the corporation: Leon Propane Inc		
	office address: 201 Gordon Street, Lagrange, Georgia 30240		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 06/24/1960 Document number: 237932		
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	CT Corporation System	20	
	1200 South Pine Island Road	2021 MAY -3	7
	Plantation, Florida 33314	Y -3	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office in	PH 4: 35	
	Gregory Q. Clark	35	
	1 Independent Drive, Suite 3130		
	P.O Box NOT acceptable		
	Jacksonville, Florida 32202		
The street addre	ess of its registered office and the street address of the business office of its regist be identical.	ered a	gent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer he board, or the corporation has been notified in writing of the change.	so	
Repetrit	Kendrick W. Mattox, Jr, CEO. Treasure		
, . Signami	re of an officer or director Printed or typed name and title		
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete pad I am familiar with and accept the obligation of my position as registered agent ing filed merely to reflect a change in the registered office address. I hereby confished in writing of this change.	erform Or, i rm tha	iance f this it the
1,	April 30, 2021		
Sign	nature of Registered Agent Date		
If signing on be	chalf of an entity:		
	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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