Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001560823)))



H110001560823ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : 12000000195

Phone

: (850)521-1000

Fax Number

: (850)558-1515

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE LEADING EDGE INSURANCE AGENCY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

6/13/2011

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

	-	617.0502, 607.1508, or 617.1508, Florida S on organized under the laws of the State of $\underline{\underline{f}}$	
		or registered agent, or both, in the State of F	
1. The name of	the corporation: LEADING EL	OGE INSURANCE AGENCY, INC.	
		Drive, Colorado Springs, CO 80919	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 03/22/20	Document number: F060000	001839
	d street address of the current regi rtment of State:	istered agent and registered office on file wi	th the
	National Registered Agents	, Inc.	_
	2731 Executive Park Drive,	Suite 4	_
	Weston FL 33331		<u>*</u>
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and /or registered off	ice > RE J
	Corporation Service Compa	ny	SS U
	1201 Hays Street		
	(P.O. Box NOT	acceptable)	- STA
	Tallahassee, FL 32301		
The street addr as changed will	ess of its registered office and th	e street address of the business office of it	s registered agent,
	_	adopted by its board of directors or by an been notified in writing of the change.	officer so
Type	auren Cathell	Maureen Cathell, Vice Presid	lent
` •	ure of an officer or director)	(Printed or typed name and	title)
I hereby accept I further agree of my duties, an document is be corporation has Corporati	t the appointment as registered a to comply with the provisions of the I am familiar with and accepting filed merely to reflect a chans been notified in writing of this on Service Company	gent and agree to act in this capacity. All statutes relative to the proper and con the obligation of my position as registere to the registered office address, I herel change.	uplete performance d agent. Or, if this by confirm that the
	Sycan Profest	06/09/2011	
	gnature of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
Sylvia Quepp	et, Asst. VP		
(Typed or Printed Name)	_	

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