F07000006127

(Requestor's Name)					
(Address)					
(Ad	ldress)	·			
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Copies Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



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06/04/14--01024--001 **35.00

14 JUN -4 PM 12: 48
SECRETARY OF STATE

C. LEVIS JUN 17 2014 EXAMINER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Holmes aholmes1@cscinfo.com

Date: June 2, 2014

Order#: 123020-020

Re: FLYING LEAP, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Holmes

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of change	visions of sections 607.0502, 617.050 e is submitted for a corporation organ	ized under the la	rws of the State of Ge	orgia
£	change its registered office or registe	ered agent, or bo	th, in the State of Flor	ida.
1. The name of the	corporation: FLYING LEAP, INC.			
2. The principal off	ice address: 2854 North Hills Drive N			
3. The mailing add	ress (if different):			
4. Date of incorpor	ation/qualification: 12/14/2007	Document	number: F07000006	127
	reet address of the current registered a ent of State: (If resigned, enter resigne		ed office on file with	the
C	T Corporation System	- <u></u>		
12	00 South Pine Island Road			
· . · Pi	antation	FL	33324	
6. The name and st (if changed):	reet address of the new registered ager	nt (if changed) an	nd /or registered office	17.88 C
C	orporation Service Company			型品
12	201 Hays Street			97. 197. 197.
_	P.O. Box NOT	•		3
T; 	allahassee	-,FL	32301	
The street address as changed will be	of its registered office and the street identical.	address of the bu	siness office of its re	gistered agent,
Such change was a authorized by the l	authorized by resolution duly adopted board, or the corporation has been no	by its board of o	directors or by an offi of the change.	icer so
Musa	Lewood	Anita Leopold/F	President and Owne	
I hereby accept the I further agree to to performance of my agent. Or, if this chereby confirm the Corporation	e appointment as registered agent an comply with the provisions of all state duties, and I am familiar with and a locument is being filed merely to reflect the corporation has been notified in Service Company	d agree to act in utes relative to th ccept the obligat ect a change in t n writing of this	ed or typed name and title this capacity, he proper and comple tion of my position as he registered office a change, Date	ate registered address, I
If signing on behal	f of an entity:			
	ssistant Vice President			
Ιγρα	* * * FILING FE	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)