Division of Corporations

PLEASE HONOR SUBMISSON DATE 8/2/2018



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338 : (954)208-0845 Phone Fax Number

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

Email Address:

REGISTERED AGENT CHANGE LEONARD INSURANCE SERVICES AGENCY INC.

Certificate of Status	0
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Estimated Charge	\$43.75

PLEASE HONOR SUBMISISON DATE 8/2/2018

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T. LEMEUX

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

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organization order to change its registered office or register.	ized under the laws of the State of Ohio
1. The name of the corporation: LeonardInsuranceServices	sAgency,Inc.
2. The principal office address:	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 04/08/2010	Document number: F10000001720
5. The name and street address of the current registered at Florida Department of State:(If resigned, enter resigned	
CORPORATIONSERVICECOMPANY	
1201HAYSSTREET	
TALLAHASSEE,FL32301-2525	
6. The name and street address of the new registered agen (if changed): CTCorporationSystem	t (if changed) and /or registered office
1200SouthPineIslandRoad	
P.O. Hox NOTe	accopable Fo B
Plantation,Florida33324	- FG = 1
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agen
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so itted in writing of the change.
Stephen Par	StephanieBochm, Sceretary
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu performance of my duties, and I am familiar with and accept. Or, if this document is being filed merely to refle hereby confirm that the corporation has been notified in	ccept the obligation of my position as registered for a change in the registered office address. I
Mucha April	07/18/2018
Signature of Registered Agent	Date
If signing on behalf of an entity:	
MicheleHolden, Asst. Secretary	
Typed or Printed Name	

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

Make CHECKS PAYABLE TO FEORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL32314 CR2F045 (03/12)