

F15000004831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

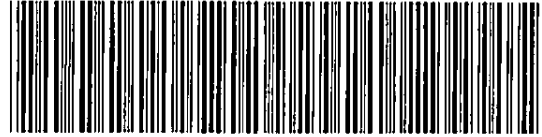
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2024 APR 26 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 APR 26 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/26/2024

****WALK IN****

ENTITY NAME LeaderQuest Holdings, Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$35

ACCOUNT #: I20160000072

S. R. J. M.

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LeaderQuest Holdings, Inc.
Name of Corporation

DOCUMENT NUMBER: F15000004831

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Harbor Compliance

Firm/Company

1830 Colonial Village Ln.

Address

Lancaster, PA 17601

City/State and Zip Code

sbryson@harborcompliance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawna Bryson

Name of Contact Person

at (717) 670-8145

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of CO
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LeaderQuest Holdings, Inc.
2. The principal office address: _____
6855 S Havana St Ste 420, Centennial, CO 80112
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/02/2015 Document number: F15000004831
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Meghan Jurado

7525 NW 4th Blvd

Gainesville, FL 32607

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Registered Agents Inc

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

/s/ Meghan Jurado
Signature of an officer or director

Meghan Jurado, Director of Compliance
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*

David Roberts

Signature of Registered Agent

04-24-2024

Date

If signing on behalf of an entity:

David Roberts

Typed or Printed Name

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

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

FILED
2024 APR 26 AM 10:32
TALLAHASSEE, FLORIDA