

F210000005182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300374869973

2021 OCT 21 AM 10:23

RECEIVED

SECRETARY OF
TALLAHASSEE, FLORIDA

2021 OCT 21 PM 3:46

RECEIVED

RA/Rc/chf

OCT 25 2021
ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 155621 8355623

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : October 21, 2021

ORDER TIME : 1:56 PM

ORDER NO. : 155621-005

CUSTOMER NO: 8355623

CHANGE OF AGENT

NAME: JAMES B. LEBENNS, CPA, P.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

JA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2021

CORPORATION SERVICE COMPANY

RESUBMIT
Please give original
submission date as file date.

SUBJECT: JAMES B. LEBENNS, CPA, PROFESSIONAL CORPORATION
Ref. Number: F21000005182

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The form you submitted is for a Alien Business Organization, but your entity is a Foreign Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 321A00025807

RECEIVED
2021 OCT 25 PM 3:33
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JAMES B. LEBENNS, CPA, P.C.
Name of Corporation

DOCUMENT NUMBER: _____

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:

JAMES B. LEBENNS
Name of Contact Person

JAMES B. LEBENNS, CPA, P.C.
Firm/Company

2139 HARLAN RUN
Address

NAPLES FL 34105
City/State and Zip Code

JIM@JAMESBLEBENNSCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES B. LEBENNS at (516) 316-1268
Name of Contact Person 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 NEW YORK in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JAMES B. LEBENNS, CPA, P.C.
2. The principal office address: 2139 HARLANS RUN
NAPLES, FL 34105
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9-3-21 Document number: F21000005182
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)

CORPORATION SERVICES COMPANY
1201 HAYS ST.
Tallahassee, FL 32301

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

JAMES B. LEBENNS
2139 HARLANS RUN
P.O. Box NOT acceptable
NAPLES, FL 34105

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.


Signature of an officer or director

JAMES B. LEBENNS, PRESIDENT
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.


Signature of Registered Agent

10-25-21
Date

If signing on behalf of an entity:

JAMES B. LEBENNS
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)

2021 OCT 21 AM 10:23