# 21000005182

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OCT 25 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 155,621 / 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

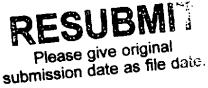
CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:



October 22, 2021

# CORPORATION SERVICE COMPANY



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

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### **COVER LETTER**

Amendment Section TO: Division of Corporations 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. 2139 HARLANS RUN Address NAPLES FL 34105
City/State and Zip Code TIM D JAMES BLEBENNS CPA. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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

CR2E045 (04/13)

# 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  |
| 2. The mailing address (if different):   |
| 4. Date of incorporation/qualification: 9-3-2/ Document number: F2/000005182   |
| <ol> <li>The name and street address of the current registered agent and registered office on file with the<br/>Florida Department of State: (If resigned, enter resigned)</li> </ol>  |
| CORPORATION SERVICES COMPANY   |
| 1201 Hays St.  |
| Tallamassee Fl 30301 ?   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  JAMES B. LEBENNS  |
| JAMES B. LEBENNS   |
| 2139 HARLANS RUN   |
|  |
| 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.  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 farther 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 nglified in writing of this change. |
| muse 10.25-21  |
| Signature of Registered Agent Date   |
| If signing on behalf of an entity:   |
| JAMES B. LEBENNS   |
| Typed or Printed Name  |

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