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Amendment Section

TO:

Division of Corporations	_	
SUBJECT: LM CAPITAL CORPORATION	• 	
Name of Corporation		
DOCUMENT NUMBER: F94 00000	5772	
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
LESLIE M. CORLEY		
Name of Contact Person		
LMCAPITAL CORPORATION		
Firm/Company		
10135 DIAMOND LAKE DRIVE		
Address		
BOYNTON BEACH, FL 33437		
City/State and Zip Code		
Les@Imcap.net		
E-mail address: (to be used for future annual rep	port notification)	
For further information concerning this matter, please	se call:	
Leslie M. Corley	at (561 - 35/ 4//4 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Dep	partment of State.	
Mailing Address: Amendment Section	Street Address:	
	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: LM CAPITAL CORPORATION
2. The principal office address: 10/35 DIA MOND LAKE DRIVE
BOYNTON BEACH FL 33437
3. The mailing address (if different):
4. Date of incorporation/qualification: 1909 Document number: 19000057
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)
2385 NW EXECUTIVE CENTER DR.
SUITE 100
BOCK RATION FL 33431
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LESLIE M. CORLEY
10135 DIAMOND LAKE DRIVE P.O. Box NOT acceptable
BOYNTON BEACH, FL 33437
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, of the corporation has been notified in writing of the change. Signature of an officer or director dir
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.
Spelie Marla Oct : 19 2020 Signature of Registered Agent
If signing on behalf of an entity:
Typed or Printed Name

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

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