K58961

(Re	questor's Name)	
(Āde	dress)	
	dress)	
(Adi	utess)	
(Cit	y/State/Zip/Phone #)
PICK-UP	■ WAIT	MAIL
	in and Entitle Marco	
(Bu	siness Entity Name)	1
(Do	cument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Liebold, Inc		
Name of Corporation		
DOCUMENT NUMBER: K58961		
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:		
David J Liebold		
Name of Contact Person		
Liebold, Inc		
Firm/Company		
4183 Palladian Way		
Address		
Melbourne, FL 32904		
City/State and Zip Code		
dliebold@gmail.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
David J Liebold863 \414-2644		
David J Liebold Name of Contact Person Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee. FL 32301

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, o statement of change is submitted for a corporation organized under the in order to change its registered office or registered agent, or	laws of the State of Florida
1. The name of the corporation: Liebold, Inc.	
2. The principal office address: 4183 Palladian Way Melbourne, FL 32904	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 1/17/1989 Docume	ent number: K58961
5. The name and street address of the current registered agent and regis Florida Department of State: (If resigned, enter resigned)	stered office on file with the
David J Liebold	
4405 Lost Ball Ct	
Sebring, FL 33872	201
6. The name and street address of the new registered agent (if changed) (if changed):	and /or registered office 26
David J Liebold	
4183 Palladian Way	
PO Box NOT acceptable Melbourne, FL 32904	
The street address of its registered office and the street address of the as changed will be identical. Such change was authorized by resolution duly adopted by its board authorized by the board, or the corporation has been notified in writing	
1 10 011 00	
	Liebold, As President
I hereby accept the appointment as registered agent and agree to act I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the obli agent. Or, if this document is being filed merely to reflect a change i hereby confirmthat the corporation has been notified in writing of th	o the proper and complete gation of my position as registered in the registered office address, I
July 22,	2019
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name * * * FILING FEE: \$35.00 * *	· *