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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

thater the email address for this business entity to be used for future ്റ്റ് annual report mailings. Enter only one email address please.** ⇔Email Address:_

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M. SOLOMON MAR 2 9 2024

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L N	ame of the limited liability company:	LC				
2. (a)		(b)				
	Principal office address of fimited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited I	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	10/11/07	 L0700	0103 56 5			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a	AGENTS AND CORPORATIONS, INC.					
. ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	539 FIFTH AVENUE SOUTH			202		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2024 HAR	7.1	
	SUITE 330			₩ 2		
	NAPLES	FI 34102		٠, ٠	i.U	
(b)	Registered Agents Inc		- 	PN 4: 07	J	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N			: 1		
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	, FL_				
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite tere authorized by an affirmative vote of the membe ticles of organization or the operating agreement of	s of the registered ed liability compan ers of the limited li	office and the business officy, it is hereby confirmed the lability company or as other by company.	ce of the registe at the change(s)	ered	
Sign	ature of a member or authorized representative of a member	-	Printed or typed name of	signee		
provis the ob to met	thy accept the appointment as registered agent and sions of all statutes relative to the proper and compl digations of my position as registered agent as prov rely reflect a change in the registered office address ad in writing of this change.	agree to act in thi lete performance a cided for in Chapte s. I hereby confirm	is capacity. I further agree of my duties, and I am familier for 605, F.S. Or, if this documentative that the limited liability co	to comply with iar with and acc ment is being fi mpany has beer	the cept led	
	16 April Ca	nt Secretary				
Signat	ure of Registered Agent					