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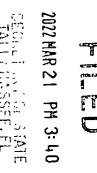
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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CT 4/5/2022

## COVER LETTER

TO: Registration Section Division of Corporations		•
Leman Realty Management LLC SUBJECT:		
N	ame of Limited L	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the	following:
Kirk Friedland		
Name of Person		
Firm/Company		<u> </u>
31 Ballard LN		
Address		<del></del>
Palm Coast, FL 32137		
City/State and Zip Code		<del>_</del>
kirk.friedland@gmail.com		
E-mail address: (to be used for future a	nnual report notif	lication)
For further information concerning this matte	er, please call:	
Kirk Friedland	561 at (	655-8200
Name of Person	<del></del> \ <del></del>	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	ng amount:	
■ \$25 Filing Fee	55 Filing Fee & Certified Copy	

## 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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: Leman Realty Ma	nagem	ent LLC					
2. (a)	31 Ballard LN		(b) 31 Balla	ard LN				
2. (2)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ <b></b>	(0)		niling address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Palm Coast		Palm Coast					
	FL 32137	_	FL 3213	37				
	12/14/2009		L0900011	8420				
3.	Date of filing/registration in Florida	4.		Document nu	ımber			
5. (a)	Kirk Friedland							
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRE	<u>(SS)</u>		S	21		
	1655 Palm Beach Lakes Blvd. Suite 900			<del></del>	022 TA			
	West Palm Beach , FL	33401	SECRETAR 2					
(b)	Kirk Friedland				ECKL)- et êr TALLAHASSEE	?- PM	M	
` ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		mr 🗷					
	31 Ballard LN				FATE	3: <b>L</b> 0	<del></del>	
	NEW Registered Office Address:							
	Palm Coast	32137						
change agent was/we the artification of the second of the	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. If a member of this change	vs of t regist ability of the l limite Kee to c	he State of I ered office a company, it imited liabil d liability co irk Friedland	and the business is hereby confility company or ompany.  Printed or type	s office of irmed that as otherwald name of si	the reg the ch vise pro-	gistered ange(s) ovided in	

Signature of Registered Agent