# L12000053883

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
		MAIL.
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to		
	Office Use Onl	lv.



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# COVER LETTER

## TO: Registration Section Division of Corporations

## **Devin Leonard LLC**

Name of Limited Liability Company

Dear Sir or Madam:

SUBJECT:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wanda Ragan-Leonard

Name of Person

**Devin Leonard LLC** 

Firm/Company

5257 Western Drive

Address

Saint James City, FI 33956

City/State and Zip Code

Wjragan@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wanda Ragan- Leonard	239 .t (	470-8576
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	М	AILING ADDRESS:
Registration Section	Re	gistration Section
Division of Corporations	Di	vision of Corporations
Clifton Building		O. Box 6327
2661 Executive Center Circle	Ta	llahassee, Florida 32314
Tallahassee, Florida 32301		
Enclosed is a check for the following am	ount:	

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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

Na					
a)	5257 western drive,		(b) <u>5257 v</u>	vestern drive,	- <u></u>
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			-	f limited liability company <u>E POST OFFICE BOX</u> )
	Saint James City, Florida		Saint J	ames City, Fl	orida
	33956		33956		
	04/20/2012		L120000	053883	
	Date of filing/registration in Florida	4.		Document nu	mber
(a)	Corporation Service Company				
	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of St	ate:	
	1201 Hays Street				
	1201 Hays Outer				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>:SS)</u>		
-		ADDRE	: <u>SS)</u>		Ser Ser
	Registered Office Address (MUST BE FLORIDA STREET				SECCE
(b)	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRE</u> 3230			FILE NU APR 21 SECCO TALLANDASSEE
(b)	Registered Office Address (MUST BE FLORIDA STREET Tailahassee,, F	_3230	)1		APR 21
(b)	Registered Office Address (MUST BE FLORIDA STREET Tallahassee,, F) Wanda Ragan-Leonard	_3230	)1		APR 21
(b)	Registered Office Address (MUST BE FLORIDA STREET Tallahassee,, F) Wanda Ragan-Leonard Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	_3230	)1		FILED APR 21 PH 3: 2 CONT LICH STITE LLANASSEE, FLORAD
(b)	Registered Office Address (MUST BE FLORIDA STREET Tailahassee,, F Wanda Ragan-Leonard Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 5257 Western Drive	_3230	)1		FILED APR 21 PH 3: 2 CONT LICH STITE LLANASSEE, FLORAD

the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

evin nan Leonard 5 Signature of a member or authorized representative of a member Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Kago anda eonar Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00