

L16 0000 48806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

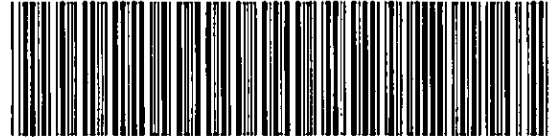
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2021

CRAIG SWILL
86 MACFARLANE DR
STE. 5A
DELRAY BEACH, FL 33483

SUBJECT: LEVER TECHNOLOGY, LLC
Ref. Number: L16000048806

We have received your document for LEVER TECHNOLOGY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 621A00002310

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lever Technology LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Craig Swill
Name of Person

Lever Technology LLC
Firm/Company

3049 NE 7th Drive
Address

Boca Raton, FL 33431
City/State and Zip Code

Craig@LeverTechnology.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Swill at (954) 471-2804
Name of Person 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 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. Name of the limited liability company: Lever Technology LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3049 NE 7th Drive
Boca Raton, FL 33431

3049 NE 7th Drive
Boca Raton, FL 33431

3. 3/9/2016
Date of filing/registration in Florida

4. L16000048806
Document number

5. (a) Craig Swill
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Boca Raton, Craig Swill
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7669 NW 117th Lane
Pokka, FL 33076, FL

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Craig Swill
NEW Registered Office Address:
3049 NE 7th Drive
Boca Raton, FL 33431, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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.

[Signature]
Signature of a member or authorized representative of a member

Craig Swill
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.

[Signature]
Signature of Registered Agent