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| PICK-UP | ☐ WAIT | MAIL | | | | | |
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| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to F | iling Officer: | | | | | | |
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Office Use Only



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COVER LETTER

| | gistration Section vision of Corporations | | |
|-----------------|--|-------------------------|--|
| SUBJECT | Lehigh O, LLC | | |
| | | Name of Limited Lia | ability Company |
| Dear Sir o | r Madam: | | |
| The enclos | sed Registered Agent/Registered | Office Change and f | Tee(s) are submitted for filing. |
| Please retu | ırn all correspondence concernin | g this matter to the fo | ollowing: |
| Chris Wohl | lbrandt | | |
| | Name of Person | | _ |
| Vogel Law | Office, P.A. | | |
| | Firm/Company | | _ |
| 4099 Tamia | ami Trail N. Suite 403 | | |
| | Address | | _ |
| Naples, Flo | orida 34103 | | |
| | City/State and Zip Co | de | |
| lehigholleb | usiness@protonmail.com | | |
| E-ma | il address: (to be used for future | annual report notific | eation) |
| For further | information concerning this ma | tter, please call: | |
| Chris Wohl | lbrandt | 239 at (| 262-2211 |
| | Name of Person | ar (| Area Code & Daytime Telephone Number |
| Re Di P.0 | ailing Address: egistration Section ivision of Corporations O. Box 6327 illahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| En | aclosed is a check for the follow | ving amount: | |
| | \$25 Filing Fee | □ \$5. | 5 Filing Fee & Certified Copy |

INHS18 (2/14)

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.

| (a) | Vogel Law Office, P.A. | | (b) Vogel Law Office, P.A. | | | | | |
|---------------|---|----------------------|----------------------------|------------------------|--|----------------|-----------------------|--|
| (/ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | / | | Mailing address of limited lia (Note: MAY BE POST O. | _ | • - | |
| | 4099 Tamiami Trail N. Suite 403 | | | 4099 Tan | niami Trail N. Suite 403 | IICL | <u>. BO.N</u>) | |
| | Naples, Florida 34103 | _ | - | | Florida 34103 | | | |
| | | | - | | | | | |
| | 05/23/2016 | | l. | 16000100 | 0458 | | | |
| | Date of filing/registration in Florida | 4. | _ | | Document number | | | |
| (a) | Chris Wohlbrandt | | | | | | | |
| (4) | Registered Agent and Registered Office shown on the records of | the Florie | da I. | Pept. of Sta | ate: | | | |
| | | | | | _ | 2 | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | 32 | 7 <u>0</u> . | er Guanda | | |
| | 4099 Tamiami Trail N. Suite 240 403 | | | | EURLINEN TALLMEN | | j November | |
| | Naples | 34103 | | | | 2 | म् भ | |
| (b) | | · | | | | <u> </u> | 1 5 | |
| | Chris Wohlbrandt | | | | <u>.</u> | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | LLAPASSEE, FL | 2020 JAN 2 AM 7: 34 | | | |
| | Vogel Law Office, P.A. | | | | ពា | • | | |
| | NEW Registered Office Address: | | | | _ | | | |
| | 4099 Tamiami Trail N. Suite 403 | | | | | | | |
| | Naples | 34103 | | | | | | |
| ange | imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab | vs of the | red | office ar | nd the business office of \circ | the re | gistered | |
| ıs/we | ere authorized by an affirmative vote of the members of | of the lir | nit | ed liabili | ity company or as otherw | | | |
| e arti | cles of organization or the operating agreement of the | limited | lia | bility cor | mpany. | | | |
| Siana | ture of a member of authorized representative of a member | | _ | <u> </u> | Printed or typed name of sig | 1504 | | |
| | | ua to a | ., :. | . this are | • • | - | alsosoiels el | |
| ovisi | by accept the suppointment as registered agent and agr ons of all statites relative to the proper and complete | ee 10 ac perforn | un an Cir | ce of my | duties, and I am familian | with | and acce | |
| r ooi mere | ons of all sidules relative to the proper and complete igations of my position as registered agent as provide tly reflect a change in the registered office address. I | a jor in hereby c | cn | apier ov. firm that | t the limited liability com | eni is vany | neing jii has been | |
| | l'in writing of this change. | | | | • | | | |

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