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(Re	equestor's Name)			
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(Document Number)				
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T GLASS MAY 2 0 2019





April 23, 2019

CHAD L. GATES, ESQ 2070 RINGLING BLVD SARASOTA, FL 34237

SUBJECT: PACK LEADER PROPERTIES, LLC

Ref. Number: L19000070516

We have received your document for PACK LEADER PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 819A00008134

io Ma Ocamaia

RECEIVED MAY 2 0 2018



#### **COVER LETTER**

TO:

Registration Section Division of Corporations

ACK LEADER Properties

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:

Address

SARASONA FR 341237

City/State and Zip Code

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

For further information concerning this matter, please call:

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 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.

Floride	ida.			
1. Na	Name of the limited liability company: Fack Le	9005_	Proporties	LLC
2. (a)	a) Lisa Drynan (b)		isa Dryna	
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	:	Mailing address of limit (Note: MAY BE PO	
		5317	E Lille	Road, Ste. 116
	5515 Kichardson Koad	$\stackrel{\sim}{\leftarrow}$	sota, FL	311220-
	Sarasota, FL 34232	<u> </u>	Sola, PL	5120 P
	3/13/2019	L 19	0000705	516
3.	Date of filing/registration in Florida 4.		Document number	r
5. (a)	(a) Hoover Garin			
(-)	Registered Agent and Registered Office shown on the records of the Florida	Dept. of Stat	e:	
	8055 36th Street Circle E		_	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2		20
				<u> </u>
	Sarasota FL 34	243	<u>:</u>	APPR AP FIL 2019 May 20
				AAKO
(b)	(b)		- :	PH D
	Enter name of NEW Registered Agent and/or NEW Registered Office and			ان ا <b>5: 32</b>
	2070 Ringling Blvd			32
	NEW Registered Office Address		_	
			_	
	Sarasota FL 342	237_	_	
If the	he limited liability company is not organized under the laws of the	State of F	lorida, it is hereby o	confirmed that after
مام مماه	change or changes are made, the Florida street address of the regis nt will be identical. Or, in the case of a Florida limited liability co	sierea omi	e and the business.	Office of the registered
wachi	shooks authorized by an athrmative vote of the members of the fim	нео наот	ty company of as o	therwise provided in
the ar	articles of organization or the operating agreement of the limited	lability Co	ı M Drun	ah
Sign	ignature of a premier or authorized representative of a member	N 131	M. Dryne Printed or typed nan	ne of signee
	1 / 11	in this cap	pacity. I further ag	gee to comply with the
provis the ob- to me	ereby acceptithe appointment as registered agent and agree to accept wisions of all statutes relative to the proper and complete perform obligations of my position as registered agent as provided for in a nerely reflect a change in the registered office address, I hereby caffed in writing of this change.	ance of my Chapter 60 onfirm tha	eauties, and ram fo	imitar with and accept locument is being filed ly company has been

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

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Signature of Registered Agent