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(((H19000369624 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053

Phone : (561)694-8107

Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future -:annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE FREE THE LEAF, LLC

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M. SOLOMON

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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	me of the limited liability company: FREE THE LEA	.F, LLC			
(a)	601 FAIRWAY DRIVE	(P.)	(b) 601 FAIRWAY DRIVE		
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited hability con (Note: MAY BE POST OFFICE B			
	DEERFIELD BEACH, FL 33141	_	DEERF	IELD BEACH, FL 33141	
	10/10/2019		 L1900024	-5870	
•	Date of filing/registration in Florida	— _{4.} -		Document number	
	C T CORPORATION SYSTEM				
. (a)	Registered Agent and Registered Office shown on the records o	t the Florida	Dept. of St	inie:	
	1200 SOUTH PINE ISLAND ROAD				?01 ·
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	l .		2019 DEC
					0.00
	PLANTATION	33324			200
	PLANTATION , F	C			5: E
(b)	Corporate Creations Network Inc.				AH 10: 5
	Enter name of NEW Registered Agent and/or NEW Register	d Office ad	ress.		<u>်</u>
	801 US Highway I				
	NEW Registered Orfice Address:				
		22408			
	North Palm Beach, F	L_3340e	- ··		
hange igent was/w he art	imited liability company is not organized under the lear changes are made, the Florida street address of the will be identical. On, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the members is the companies of the members is the companies of the members is the companies of the companies	ne registere liability co of the lim ne limited l	d office a mpany, it ited liabi iability co	and the business office o t is hereby confirmed tha lity company or as other	f the registered it the change(s)
	nure of a member or authorized representative of a member	Printed or typed name of signee			
I here provis he ob o mer notifie	by accept the appointment as registered agent and a ions of all statules relative to the proper and complet ligations of my position as registered agent as provic ely reflect a change in the registered office address, d in writing of this change.	gree to act le performa led for in C I hereby co	in this co ance of m Chapter 6 Infirm the	apacity. I further agree in duties, and I am famili 05, F.S. Or, if this document the limited liability co.	o comply with the ar with and accep ment is being filed upany has been

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