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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ping Leads, 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:

Ben Moe

Name of Person

Ping Leads, LLC

Firm/Company

1715 North Westshore Boulevard Suite 200

Address

Tampa, Florida 33607

City/State and Zip Code

bmoe@osceola.com

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

For further information concerning this matter, please call:

Ben Moe

Name of Person

at (813) 492-5630

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: Ping Leads, LLC

2. (a) Ping Leads, LLC (b) Ping Leads, LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1715 North Westshore Boulevard Suite 200

Tampa, Florida 33607

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1715 North Westshore Boulevard Suite 200

Tampa, Florida 33607

October 24, 2019

L19000256665

3. Date of filing/registration in Florida

4. Document number

5. (a) Corporation Service Company

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 Hays Street

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Tallahassee, FL 32301

(b) Ben Moe

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1715 North Westshore Boulevard

NEW Registered Office Address:

Suite 200

Tampa, FL 33607

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.

Brandon Halprin

Signature of a member or authorized representative of a member

Brandon Halprin

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.

Ben Moe

Signature of Registered Agent