

L20000041025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

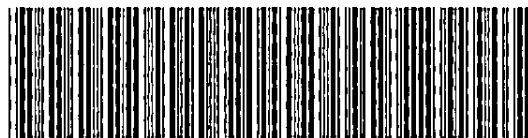
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lease Integrity Group 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:

James E. Brogan
Name of Person

Lease Integrity Group LLC
Firm/Company

175 1st ST S, Apt. 509
Address

St. Petersburg, FL 33701
City/State and Zip Code

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

For further information concerning this matter, please call:

James E. Brogan at (278) 703-2724
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: Lease Integrity Group LLC

2. (a) 175 1st ST S Apt. 509 Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

St. Petersburg, FL 33701

(b) 175 1st ST S Apt 509 Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

St. Petersburg, FL 33701

11/9/2020 Date of filing/registration in Florida 4. L20000041025 Document number

(a) James E. Bogan Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

175 1st ST S Apt. 210 Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

Saint Petersburg, FL 33701
FL

1) James E. Bogan Enter name of NEW Registered Agent and/or NEW Registered Office address:

175 1st ST S Apt 509 NEW Registered Office Address:

St. Petersburg, FL 33701
FL

limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) e authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in les of organization or the operating agreement of the limited liability company.

James E. Bogan Printed or typed name of signee

I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept tions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.

James E. Bogan Registered Agent