

L21000217619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

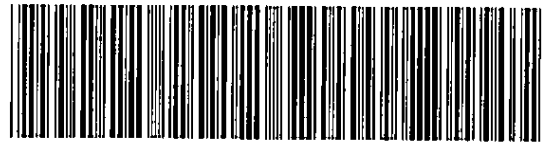
(Business Entity Name)

(Document Number)

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JB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW LEAF PUBLISHING
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:

TOMMY BROOKS
Name of Person

NEW LEAF PUBLISHING LLC
Firm/Company

3952 SAN ANSELMO DR, APT. C.
Address

LAKE WORTH FL 33467
City/State and Zip Code

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

For further information concerning this matter, please call:

TOMMY BROOKS at (561) 379. 9323
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: NEW LEAF PUBLISHING LLC
2. (a) 3952 SAN ANSELMO DR, APT C (b) 3952 SAN ANSELMO DR, APT C
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
3952 SAN ANSELMO DR., 3952 SAN ANSELMO DR.,
APT. C, LK WORTH FL 33467 APT. C, LK WORTH FL
5.10.2021. L21000217619 33467
3. Date of filing/registration in Florida 4. Document number

5. (a) NORTHWEST REGISTERED AGENT LLC

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

7901 4TH ST. N., STE. 300,

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 4th ST. N.

ST. PETERS BURG FL 33702

- (b) TOMMY BROOKS

Enter name of NEW Registered Agent and/or NEW Registered Office address.

3952 SAN ANSELMO DR., APT C.

NEW Registered Office Address:

3952 SAN ANSELMO DR., APT. C.

LK WORTH FL 33467

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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.

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

TOMMY BROOKS
(PRINTED NAME)

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00