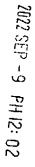
## L2200005411

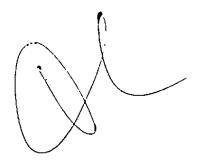
(	Requestor's Name)						
(Address)							
(	(Address)	1111					
(	City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL					
(	Business Entity Name)	<u></u>					
(Document Number)							
Certified Copies	Certificates of S	Status					
Special Instructions to Filing Officer:							





100393729571





## **COVER LETTER**

TO: Registration Section Division of Corporations							
Hadley Leonard LLC SUBJECT:							
	me of Limited	Liability Company	_				
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Of	ffice Change an	d fee(s) are submitted for filing.					
Please return all correspondence concerning t	his matter to the	e following:					
Hadley Leonard							
Name of Person							
Hadley Leonard LLC							
Firm/Company	· · · · ·		2022				
2901 W Rogers Ave			2022 SEP	ijij			
Address		<del></del>	-9	orea 1			
Tampa, FL 33611			PH 12: 02				
City/State and Zip Code		<u> </u>	: 02				
hadleyleonard@gmail.com							
E-mail address: (to be used for future an	nual report not	fication)					
For further information concerning this matte	r, please call:						
Hadley Leonard	850 at (	264-1594					
Name of Person		Area Code & Daytime Telephone Numb	- er				
Mailing Address:		Street Address:					
Registration Section		Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327 The Centre of Tallahassee							
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Parkers discribed to the Control of							
Enclosed is a check for the followin  \$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.

1. 1	Name of the limited liability company: Hadley Leonard	LLC			- · · · · · · · · · · · · · · · · · · ·	
2. (a'	)	(	b)			
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del> \	, <u>-</u>		Mailing address of limi	ited liability company: OST OFFICE BOX)
	2901 W Rogers Ave		2	2901 W R	ogers Ave	
	Tampa, FL 33611		7	Γampa, Fl	_ 33611	
	02/01/2022		L	22000054	1110	
3.	Date of filing/registration in Florida	4.	_		Document number	Г
5. (a	)					
J. (a	Registered Agent and Registered Office shown on the records of	the Florid	ia D	ept. of Stat	– e:	
	Hadley Leonard					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>		-	
	101 W Beach Place, Apt. 1107					
	Tampa	33606		•	_	20:
	, FI	L			_	2022 SEP
(L)						<u> </u>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddre	<u></u>	-	9 == 1
	Hadley Leonard					PH 12: 02
					_	22
	NEW Registered Office Address:					~
	2901 W Rogers Ave				_	
	Tampa	33611				
	,	<u> </u>			_	
	limited liability company is not organized under the large or changes are made, the Florida street address of the					
agent	will be identical. Or, in the case of a Florida limited li	ability co	om	oany, it is	s hereby confirmed	I that the change(s)
	vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the					therwise provided in
1	and It -			Leonard	y-	
/_/ Sign	ature of a member or authorized representative of a member				Printed or typed name	e of signee
provi. the ol to me	eby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	' perform	iano	e of my c	duties. ànd I am fai	miliar with and accept