## (U)

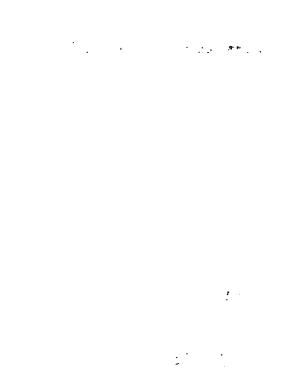
## 122000371519

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## COVER LETTER

LEADS 2 DEALS LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	ffice Change and	d fee(s) are submitted for filing.			
Please return all correspondence concerning t	his matter to the	following:			
Courtney Proefrock					
Name of Person	<del>-</del>				
Anderson Business Advisors					
Firm/Company		<u> </u>			
3225 McLeod Drive, #100					
Address	· · ·				
Las Vegas, NV 89121					
City/State and Zip Code					
ra@andersonadvisors.com					
E-mail address: (to be used for future ar	nnual report noti	fication)			
For further information concerning this matte	er, please call:				
Courtney Proefrock	800 at (	7064741			
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 followin	ng amount:				
■ \$25 Filing Fee	<u> </u>	☐ \$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. Na	me of the limited liability company: LEADS 2 DEALS	LLC				
2. (a)	1707 ORLANDO CENTRAL PKWY #301	4	(b)	1707 ORLANDO CENTRAL PKWY #301		
<b>-</b> . ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	ORLANDO, FL 32809	<del></del>		ORLANDO, FL 32809		
		_				
	08/23/2022		I	.22000371519		
3.	Date of filing/registration in Florida	4.	_	Document number		
5. (a)	ALEXANDER QUEZADA					
J. (u)	Registered Agent and Registered Office shown on the records of t	he Florie	da I	Dept. of State:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	1707 ORLANDO CENTRAL PKWY #301					
	ORLANDO , FL	32809				
(b)	Anderson Registered Agents, Inc.					
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddı	ress:		
	625 E. Twiggs Street, Suite 110,			<del>-</del> ,		
	NEW Registered Office Address:					
	Tampa	33602				
				<u> </u>		
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lial cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility of f the li	red con mit	office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in		
	urtney Proefrock	Co	urt	ney Proefrock		
U	ture of a member or authorized representative of a member			Printed or typed name of signee		
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ee to ac perforn I for in ereby c	a ii nan Ch con	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been		

Signature of Registered Agent