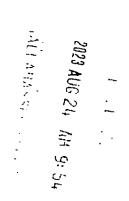
## L2300096007

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



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08/24/23--01025--005 \*\*25.00



## COVER LETTER %

TO: Registration Section Division of Corporations								
Leaping Love LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.							
Please return all correspondence concerning this matte	er to the following:							
Vanessa Bernard								
Name of Person								
Leaping Love LLC								
Firm/Company								
7825 4th Ave S								
Address								
Saint Petersburg, FL 33707								
City/State and Zip Code								
hello@leapinglove.com								
E-mail address: (to be used for future annual rep	ort notification)							
For further information concerning this matter, please	call:							
Vanessa Bernard at (	832 767-8303							
Name of Person	Area Code & Daytime Telephone Number							
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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 amoun	nt:							
■ \$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.

I. N	ame of the limited liability company: Leaping Love L	LC					
			(b)				
(-,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>		Mailing address of (Note: MAY B)	`limited liab	oility com	ipany:
	3110 1st Ave N. ste 2M PMB 1180		3110 Ist A	ve N, ste 2M PN	4B 1180		
	Saint Petersburg, FL 33713		Saint Petersburg, FL 33713				
	March 2, 2023		L230000960	07			
3.	Date of filing/registration in Florida	4.		Document nur	nber		
5. (a)							
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flor	da Dept. of State	• }}			
	FLP RA SERVICES LLC						
	Registered Office Address (MUST BE FLORIDA STREET	T.ADDRE	<u>SS)</u>	_			
	360 Central Ave ste 800						
	Saint Petersburg , F	. 33701		-	₽.	202	
	,			-	<u>~</u> .	2023 AUG 24	P
(b)					AHA S	90 3	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office	address:		4	+	ŗ.
	Vanessa Bernard				···	1 × 1	١
	NEW Registered Office Address:			-		<u>5</u> 9	
	7825 4th Ave S			_		F	
	Saint Petersburg	33707					
change agent was/w tho art	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the member of a member or authorized representative of a member	e registe iability of the li e limited	ered office and company, it is mited liability	I the business of hereby confirm or a pany.	office of t med that t is otherwi	he regis the chan se prov	tered ge(s)
I here provis, the ob- to mer notite	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided with the reflect a change in the registered office address, I writing of this change.  MGR  The of Registered Agent	gree to a e perfori ed for in hereby	ct in this capa nance of my a Chapter 605, confirm that t	icity. I further	ueree to i	comply	with the ad accept ing filed s been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00