Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000388123)))



H240000388123ABC

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To:

Division of Corporations

Fax Number ; (850)617-6383

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 : (718)878-5811 Phone

: (718)732-4588 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:_

LLC REGISTERED AGENT CHANGE LEVERAGED CONSULTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

H240000388123

TO:	Registration Section		
	Division of Corporations		

Division of Corporation	
SUBJECT: LEVERAGED CONSULTING LLC Name of Limited Liab	C Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee	c(s) are submitted for filing.
Please return all correspondence concerning this matter to the fol	lowing:
Mark Fuchs	_
Name of Person	
File Right RA Services, LLC	
Firm/Company	•
1425 37th Street, Suite 201	_
Address	
Brooklyn, NY 11218	
City/State and Zip Code	-
agent@fileacorp.com	_
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Sara Ringel 718 at (878-5811
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:

H240000388123

\$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

H240000388123

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 affice or registered agent, or both, in the State of Florida.

(a)	10001 NW 0267 STE 13	(b) <u>4</u>	1772 MADDLE L	.ane			
(a) _	(a) 10801 NW 97ST STE 13 Principal office address of limited liability company:		Mailing	address of limite : MAY BE POS	d liability of	ompany:	
	(Note: MUST BE STREET ADDRESS)		(Note	: MAY BE PUS	TOFFICE	<u> </u>	
	MEDLEY, FL 33178		DEARB ORN,	MI 48126			
	7/18/2023		L23000341				
	Date of filing/registration in Florida	4.	Docu	iment number			
	During Filling Incornorated						
(a)	Business Filing Incorporated Registered Agent and Registered Office shown on the records of	the Florida D	Pept, of State:				
			ı				
	1200 South Pine Island Rd, Plantation, FL 33326						
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS)					
							
						2024 JAN 3	
						<u>-</u>	
(b)	File Right RA Services, LLC				•	, <u></u>	
(-,	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	<u>ress</u> :			$\frac{\omega}{-}$	<u> </u>
					•	-63	
	625 E Twiggs Street, Ste 110				•	P	
	NEW Registered Office Address:					••	
					•	<u>~</u>	
	Тапра, FL 33602						
	limited liability company is not organized under the le	ws of the	State of Florida	, it is hereby c	onfirmed	that aft	ter the
t the	limited liability company is not organized under the in e or changes are made, the Florida street address of the	e registere	d office and the	e business offi	ce of the	register	red (e)
igen!	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited	liability co	mpany, it is nei itad liability co	eny continue.	therwise	provide	ed in
	will be identical. Or, in the case of a Florida limited vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the					F	
		Mar	k Fuchs, Authori	ized Person			
	Mark Fuchs			nted or typed nan	ne of signee		
_	nature of a member or authorized representative of a member			1.6	uas to ani	anh ui	th the
he ol	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet bligations of my position as registered agent as provide the properties of this change.	gree to act le performa led for in C I hereby co	ance of my duti Chapter 605, F. Confirm that the	es, and I am fa S. Or, if this a limited liabilit	miliar wi locument y compar	ith and is being ny has l	accept g filed seen
וניוסר	ea in the inition of this change.						
	/ Mark Fuchs						
Signa	iture of Registered Agent				1.15.4	000038	22123