

M16000001046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

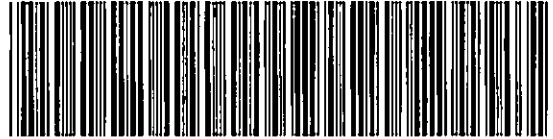
(Business Entity Name)

(Document Number)

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2021 MAY 10 AM 11:15
[Stamp]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEAF HOME ENHANCEMENTS, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER NAGEL

Name of Person

LEAF HOME ENHANCEMENTS, LLC

Firm/Company

1595 GEORGETOWN ROAD

Address

HUDSON, OHIO 44236

City/State and Zip Code

CNAGEL@LEAFHOME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS NAGEL

Name of Person

at (614) 906-0941

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 ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: LEAF HOME ENHANCEMENTS, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000001046

3. Jurisdiction of its organization: HUDSON, OHIO

4. Date authorized to do business in Florida: 01/22/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CHRISTOPHER NAGEL	19986 BEACH CLIFF BLVD	<input checked="" type="checkbox"/> Add
		ROCKY RIVER, OHIO 44116	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Christopher Nagel

(Signature of the authorized representative)

CHRISTHOPHER NAGEL

Typed or printed name of signee

Filing Fee: \$25.00



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Detail by Entity Name

Foreign Limited Liability Company
LEAF HOME ENHANCEMENTS, LLC

Filing Information

Document Number M21000001046
FEI/EIN Number 85-1986812
Date Filed 01/22/2021
State DE
Status ACTIVE

Principal Address

1595 GEORGETOWN ROAD
HUDSON, OH 44236

Mailing Address

1595 GEORGETOWN ROAD
HUDSON, OH 44236

Registered Agent Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Authorized Person(s) Detail

Name & Address

Title M

LEAF HOME SOLUTIONS LLC
1595 GEORGETOWN ROAD
HUDSON, OH 44236

Annual Reports

No Annual Reports Filed

Document Images

01/22/2021 -- Foreign Limited [View image in PDF format](#)

REC'D
CORP DIV
JAN 22 2021 11:15
TALLAHASSEE, FL