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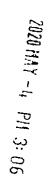
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(Address)					
(Address)					
(City/State/Zip/Phone #)					
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(Document Number)					
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O SIMMONS MAY 1 8 2020

COVER LETTER

TO: Registration Section Division of Corporations	
LEEVERAGE, LLC SUBJECT:	
	imited 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 matter	er to the following:
ALISIA MOJARRO	
Name of Person	· · · · · · · · · · · · · · · · · · ·
PARACORP INCORPORATED	
Firm/Company	
2804 GATEWAY OAKS DR #100	
Address	
SACRAMENTO, CA 95833	
City/State and Zip Code	
AMOJARRO@MYPARACORP.COM	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
ALISIA MOJARRO at (916 5766997
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 amou	nt:
□ \$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. N	ame of the limited liability company: LEEVERAGE,	LLC		
2. (a)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\-/ <u>-</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	5300 BROKEN SOUND BLVD NW #110			
	BOCA RATON, FL 33487			
	06/22/2017	MI	7000005323	
3.	Date of filing/registration in Florida	4.	Document number	
e (=	CT CORPORATION SYSTEM			
5. (a)	Registered Agent and Registered Office shown on the records			
	Registered Office Address (MUST BE FLORIDA STREE	2020 HAY -4		
	1200 SOUTH PINE ISLAND ROAD		A	
	PLANTATION,]	FL_33324		
21.5	PARACORP INCORPORATED		——— 유	ىنى - يىنىڭ
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office addres	ည်း <u>အ</u> :	
	NEW Registered Office Address:			
	155 OFFICE PLAZA DRIVE, 1ST FLOOR		_ 	
	TALLAHASSEE	FL		
chang agent was/w the ar	limited liability company is not organized under the see or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the member of a statute of a member and actions of all statutes relative to the proper and completely reflect a change in the registered agent as provided by reflect a change in the registered office address.	he registered o liability composes of the limited he limited liabi	any, it is hereby confirmed that the change(s) dliability company or as otherwise provided in ility company. When the Levitetz Printed or typed name of signee	l he

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		BOCA RATON, FL 33487			
		06/22/2017		M17000005	323
3.		Date of filing/registration in Florida	4.		Document number
5. ((a)	C T CORPORATION SYSTEM			
J. ,	(4)	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of State	- ::
		Registered Office Address (MUST BE FLORIDA STREE	TADDRES	<u></u>	<u>.</u>
		1200 SOUTH PINE ISLAND ROAD			2020
		PLANTATION,	FL_33324		2020 HAY
					1
(L١	PARACORP INCORPORATED Enter name of NEW Registered Agent and/or NEW Register			PH
		Enter name of NEW Registered Agent and/or NEW Register	red Office ac	<u>idress</u> :	
					3: 06
		NEW Registered Office Address:			- <u>-</u> ; 6
		155 OFFICE PLAZA DRIVE, 1ST FLOOR			
		TALLAHASSEE	FL		
char agen was/ the a Sig / he prov the a notif	nge nt we we national reb iside beli ere ited	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cless of organization or the operating agreement of the member of a member or authorized representative of a member by accept the appointment as registered agent and a post of all statutes relative to the proper and completing gations of my position as registered agent as provided by reflect a change in the registered office address, in writing of this change. Jody Moua, Assistant Secretary	laws of the he registere liability co s of the lim he limited l	ed office and ompany, it is nited liability com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Levitetz Printed or typed name of signee