## M19000000173

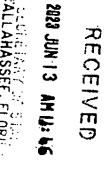
(Re	equestor's Name)	<del></del>	
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			





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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:06	8/13/2023	
Name:	Chris Vick	
Reference #:	2006616	<u> </u>
Entity Name:	LEADERS GF	ROUP HOLDINGS LLC
☐ Articles o	of Incorporation/Authorization	on to Transact Business
☐ Amendm	nent	
Change	of Agent	
☐ Reinstate	ement	
Conversi	ion	
☐ Merger		
☐ Dissoluti	on/Withdrawal	
☐ Fictitious	s Name	
Other		
Authorized Amo	ount: \$25.00	

## 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. Name	e of the limited liability company: LEADE	RS GR	OUP HOLDINGS LLC
2. (a)		(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)
<u>-</u>	No Change	<u> </u>	No Change
<u>J</u> a	anuary 7, 2019		M1900000173
3.	Date of filing/registration in Florida	4.	Document number
5. (a) C	Corporation Service Company		
	egistered Agent and Registered Office shown on the records of	of the Florida D	Dept. of State:
1	1201 Hays Street		
ĸ	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)	223
- -	Tallahassee	32301-7	2525
(b) C	COGENCY GLOBAL INC.		O The second of
	nter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addr	PM 12: 46 SEE, FL
,	115 North Calhoun St., Suite 4		TIE #6
2	(EW Registered Office Address:		
_			
_	Tallahassee	ղ 32301	

## /s/ Michael O'Brien

Michael O'Brien

Signature of a member or authorized representative of a member

Printed or typed name of signee

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. Thereby confirm that the limited liability company has been notified in writing of this change.

/s/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations 

◆ P.O. Box 6327 

◆ Tallahassee, FL 32314

FILING FEE: \$25.00