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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : INCORP SERVICES INC
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: managedreports@incorp.com

LLC REGISTERED AGENT CHANGE LEAPLIFE INSURANCE AGENCY LLC

Certificate of Status	0
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Page Count	03
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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: LeapLife Insurance Agency LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Shin
Name of Person

InCorp Services, Inc.
Firm/Company

3773 Howard Hughes Pkwy. - Suite 500S
Address

Las Vegas, NV 89169-6014
City/State and Zip Code

managedreports@incorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Shin for InCorp Services, Inc. at (800) 246-2677
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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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H21000060035 3**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 of the limited liability company: LeapLife Insurance Agency LLC

2. (a) 333 Bush St 19 Floor, San Francisco, CA 94104

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(b) 333 Bush St 19 Floor, San Francisco, CA 94104

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

02/21/2020

3. Date of filing/registration in Florida

M20000002099

4. Document number

5. (a) CORPORATION SERVICE COMPANY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 Hays St

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

(b) InCorp Services, Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

17888 67th Court North

NEW Registered Office Address:

Loxahatchee, FL 33470

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Manav
Signature of a member or authorized representative of a member

Shauna Visconti

Printed or typed name of signer

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.

Isabel Burgos
Signature of Registered Agent

Isabel Burgos on behalf of InCorp Services, Inc.