M2100000 6316

Office Use Only



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2021 JUN 25 PH 1: 1 SECRETARY OF STATE

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJI	LEETOLEDO PLLC LLC					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.				
Please	return all correspondence concerning this mat	ter to the following:				
Y. KRI	IS LEE					
	Name of Person					
LEETC	DLEDO PLLC LLC					
	Firm/Company					
188518	NE 29th Avenue, Suite 700					
	Address					
Aventu	ra, FL 33180					
	City/State and Zip Code					
kris@le	eetoledolaw.com					
E	-mail address: (to be used for future annual re	port notitication)				
For fur	ther information concerning this matter, pleas	e call:				
Y, KRI	IS LEE	202 900-9007				
	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	ınt:				
	■ \$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: LEETOLEDO PLL	.C LLC		
2. (a)	18851 NE 29TH Avenue, Ste 700, Aventura, FL 33180	(b) 18851 NE	29th Avenue, Ste 700, Aventura, FL 33180
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	05/21/2021 Date of filing/registration in Florida	- 4.	M210000063	Document number
5. (a)	DANIEL TOLEDO			
.'. (a)	Registered Agent and Registered Office shown on the records of the 18851 NE 29TH AVE, STE 700, AVENTURA, FL 33180 Registered Office Address			• ::
	Registered Office Address 1.4031 BE F EORIDA STREET AL	DDKG.		202 SE(
	, FL_			FIL. 2021 JUH 25 SECRETARY
(b)	Y. KRIS LEE			ASS T 15
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office a	ddress:	PM 1:17
	NEW Registered Office Address:	_		
	FL		-	
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liabilities.	egister oility c the lit imited	ed office and ompany, it is nited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signa	nture of a member or authorized tepresentative of a member			Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address. I had a in writing of this change	erforn för in	iance of my a Chapter 605,	luties, and I am familiar with and accept , F.S. Or, if this document is being filed
Signati	Division of Corporations P.O. B	av 623	! 7≖ Tallahas	son Fl 37314
	Division of Corporations # 1.0. D			3CC, 1 L J4017

FILING FEE: \$25.00