## P110000 52156

(Re	questor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Levive Corp  Name of Corporation
DOCUMENT NUMBER: <u>P11000052156</u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Firm/Company
11250 Old St. Augustine Road Ste. 15248
Tacksonville FC 32257 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (904), 718 - 1827  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of Florida.  in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Levin Corp
2. The principal office address: 11250 old St. Augustine Road Ste 15248
Jacksonville, FC 32257
3. The mailing address (if different):
4. Date of incorporation/qualification: 10-2-11 Document number: P1100052156
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Joshua Jake Yetter, Resigned Ex 3
11250 Old St. Augustine Rd Ste 15248 5 m
Jacksonville PC 32257 2 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kat Attaway, CFO, Secretary
11250 Old St. Augustine Rd Ste 15248
Jacksonville FL 32257
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Signature of Signature Signature of Signature Signat
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.  Signature of Registered Agent  Date
If signing on behalf of an entity:
Typed or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*