P13666679343

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200247747452

05/10/13--01004--010 **35.00

SEGRETARY OF STATE

รายเกิดเลา เกิดเกิดเลา

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Ledyard a Ledyard Inc Name of Corporation
DOCUMENT NUMBER: 7 3 0000 29 343
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:
Please return all correspondence concerning this matter to the following: Theresa Hechler Name of Contact Person
Spring Hill FL 34608 Spring Hill FL 34608 City/State and Zip Code phechler C + am pa bay . rr. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Theresa Hechler at 352, 684-7280 Name of Contact Person 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

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FL
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Ledyard a hedyard Inc
2. The principal office address: 2204 Oschard Park Drive
Spring Hill FL 34608
3. The mailing address (if different): P.O. Box 3379
Spring Hill FL 34611
4. Date of incorporation qualification: 5/1/13 Document number: 1/30000 29345
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) The sea Heshler Knochange
Theresa Hechler From
9515 Surstine Blud
New Port Richer FL 3465 FD Shange
1000 100 Kickey FL 3463 FF
6. The name and street address of the new registered agent (if changed) and /or registered of the second street address of the new registered agent (if changed) and /or registered of the second street address of the new registered agent (if changed) and /or registered of the second street address of the new registered agent (if changed) and /or registered of the second street address of the new registered agent (if changed) and /or registered of the second street address of the new registered agent (if changed) and /or registered of the second street address of the new registered agent (if changed) and /or registered of the second street address
(if changed):
Soring Hill FL 34608 ET =
Sac 11-11 El 34/08 25 8
P.O Box NOT acceptable
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.
authorized by the board, or the corporation has been notified in writing of the change.
The le heresa Hechler Kecisted.
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:
Theresa Hechler

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

Typed or Printed Name