P130000994

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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ Name	ECT: Lenger Financial, Inc. of Corporation			
DOC	UMENT NUMBER: P13000099488			
The e	nclosed Statement of Change of Registered	Office/Agent and fee	are submitted for filing.	
Please	e return all correspondence concerning this	matter to the following	g:	
Keith	D. Lenger			
Name	of Contact Person			
Firm/	Company			
221 N	Hogan St, #401			
Addre	ess			
Jackso	onville, FL 32202			
City/S	State and Zip Code			
	keithlenger@gmail.com			
E-ma	il address: (to be used for future annual	report notification)		
For fu	urther information concerning this matter, p	blease call:		
Keith	D. Lenger	at (⁹⁰⁴)651-3292 de & Daytime Telephone Number	
	Name of Contact Person	Area Coo	le & Daytime Telephone Number	
Enclo	osed is a \$35.00 check made payable to the	Department of State.		
	Mailing Address: Amendment Section	Street Address		
	Amendment Section Division of Corporations	Amendment Section Division of Corporations		
	P.O. Box 6327	The Centre of		
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation	17,0502, 607,1508, or 617,1508. Florida Stat a organized under the laws of the State of <mark>Flor</mark>	rida	
in order	r to change its registered office or	registered agent, or both, in the State of Flor	ida.	
1. The name of t	he corporation: Lenger Financial, le	nc.		
2. The principal	office address: 221 N. Hogan St. #4	101, Jacksonville, FL 32202		
-				
4. Date of incorp	oration/qualification: 12/13/2013	Document number: P130000994	88	
5. The name and Florida Depar	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with tresigned)	ihe	
	KP Law Group, PLLC			
100 N Laura St. 801				
	Jacksonville, FL 32202		2020	
Jacksonville. FL 32202 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Keith D. Lenger		PH	
221 N. Hogan St, #401				
		P.O. Box NOT acceptable	. 80	
	Jacksonville, FL 32202			
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its n	egistered agent,	
		adopted by its board of directors or by an off seen notified in writing of the change.		
Tes	519-15D by Keyll D. Lepger 12020-05-10/3:1102 EST	Keith D. Lenger		
I hereby accept I further agree of my duties, an document is bei	to accomingly with the provincions of	Printed or typed name and title gent and agree to act in this capacity, all statutes relative to the proper and compl the obligation of my position as registered a ge in the registered office address, I hereby o change.	ete performance igent. Or, if this confirm that the	
763	510 H5D by New D. Lenger 2020-05-10/3:1103 EST	May 10, 2020		
	nature of Registered Agent	Date		
If signing on be	half of an entity:			
T	yped or Printed Name	_		

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