

P15000025641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

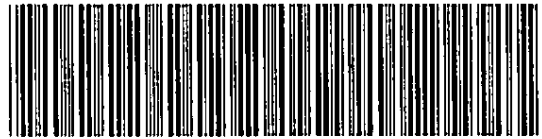
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600304132016

10/10/17--01038--010 \*\*35.00

2017 OCT 10 AM 9:52

OCT 12 2017

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LEADING PROPERTIES INC  
Name of Corporation

DOCUMENT NUMBER: P15000025641

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:

GABRIELA MOTORGA  
Name of Contact Person

Firm/Company

8840 ENCLAVE CT  
Address

SARASOTA, FL 34238  
City/State and Zip Code

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

For further information concerning this matter, please call:

GABRIELA MOTORGA 630 202-9454  
Name of Contact Person at ( ) 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

2017 OCT 10 AM 9:58  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LEADING PROPERTIES INC
2. The principal office address: 8840 ENCLAVE CT, SARASOTA, FL 34238
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: MARCH 18, 2015 Document number: P15000025641

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)

GABRIELA MOTORGA

10238 PONTOFINO CIR

TRINITY, FL 34655

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GABRIELA MOTORGA

8840 ENCLAVE CT

P.O. Box NOT acceptable

SARASOTA, FL 34238

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.

Gabriela Notaje  
Signature of an officer or director

GABRIELA MOTORGA PRESIDENT

Printed or typed name and title

*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.*

Gabriela Notaje  
Signature of Registered Agent

10/04/2017

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)

2017 OCT 10 AM 9:58