

*PIG 0000 13759*

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

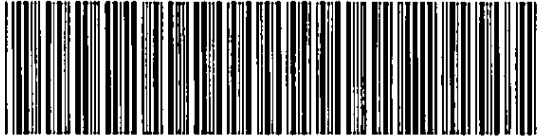
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

*JQ 10/09/20*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Legal Department For Service Professionals, PA  
Name of Corporation

**DOCUMENT NUMBER:** P16000013759

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:

Laurie Lee  
Name of Contact Person  
The Legal Department for Service Professionals, PA  
Firm/Company  
5011 Base Parkway, Bld 100-100  
Address  
Jacksonville FL 32256  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification) Laurie@Thelegaldepartment.law

For further information concerning this matter, please call:

Laurie Lee at (904) 860-3111  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: The Legal Department for Service Professionals, PA
- 2. The principal office address: 5011 Gate Parkway  
Bldg 100, Ste 100
- 3. The mailing address (if different): Jacksonville, FL 32256 (same)
- 4. Date of incorporation/qualification: 1/6/2015 Document number: PL6000013759
- 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)

Laurie Lee  
4622 Southport Drive South, Ste 180  
Jacksonville, FL 32216

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

Laurie Lee  
5011 Gate Parkway  
Bldg 100 - Ste 100  
Jacksonville, FL 32256

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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.

Laurie Lee  
 Signature of an officer or director

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.*

Laurie Lee  
 Signature of Registered Agent

8/19/2020  
 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