

PK000053517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

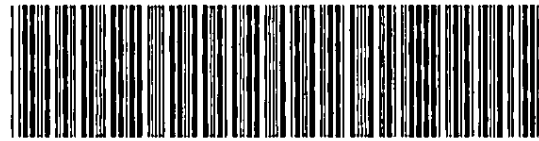
(Business Entity Name)

(Document Number)

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2017 DEC 18 P 12:18  
TALLAHASSEE, FLORIDA

DEC 20 2017  
T. LEANEUX

*Handwritten signature*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LIVE LEADS, INC  
Name of Corporation

**DOCUMENT NUMBER:** P16000053517

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:

JOHN TADDEO

Name of Contact Person

POSADA TADDEO DIETIKER

Firm/Company

3111 N UNIVERSITY DR SUITE 720

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

RegisteredAgent@ptd.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Taddeo

Name of Contact Person

at ( 954 ) 800-6480

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**

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: Live Leads Inc
2. The principal office address: 5450 Lyons Rd #102  
Coconut Creek, FL 33073
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/20/2016 Document number: P16000053517

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)

Benjamin Izquierdo

5450 Lyons Rd #102

Coconut Creek, FL 33073

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

Posada Taddeo Dietiker

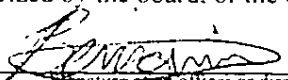
3111 N University Dr Suite 720

P.O. Box NOT acceptable

Coral Springs, FL 33065

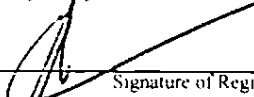
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

 - CEO  
Signature of an officer or director

Benjamin Izquierdo  
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.*

  
Signature of Registered Agent

12/08/2017  
Date

If signing on behalf of an entity:

Posada Taddeo Dietiker

Typed or Printed Name

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