

P/60000 87173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

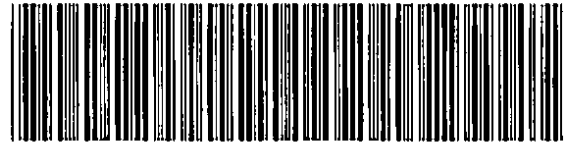
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Legacy Law Firm Naples, P.A.  
Name of Corporation

DOCUMENT NUMBER: P16000087173

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:

Leesha Newkirk Crutch  
Name of Contact Person

Legacy Law Firm Naples, P.A.  
Firm/Company

5515 Bryson Drive, Suite 502  
Address

Naples, Florida 34109  
City/State and Zip Code

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

For further information concerning this matter, please call:

Leesha Newkirk Crutch at (239) 287-4332  
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

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

1. The name of the corporation: Legacy Law Firm Naples, P.A.
2. The principal office address: 5515 Bryson Drive, Suite 502  
Naples, FL 34109
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/27/16 Document number: P16000087173
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)

Leesha Newlsirk Crouch  
5515 Bryson Drive Suite 502  
Naples, Florida 34109

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

Leesha Newlsirk  
5515 Bryson Drive, Suite 502  
Naples, Florida 34109

P.O. Box NOT acceptable

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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.

Leesha Crouch  
Signature of an officer or director

Leesha Crouch  
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.*

Leesha Newlsirk  
Signature of Registered Agent

9/4/18  
Date

If signing on behalf of an entity:

Leesha Newlsirk  
Typed or Printed Name

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