# P1700093428

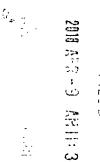
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



000311375400

04/09/18--01019--010 \*\*35.00



C. GOLDEN APR 1 0 2018

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Ledley Enterprises, Inc.

Name of Corporation

DOCUMENT NUMBED: P17000093428

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:

#### Wendy Ledley

Name of Contact Person

Ledley Enterprises, Inc.

Firm/Company

1137 SE 19th Terrace

Address

Cape Coral, FL 33990

City/State and Zip Code

### wendyledley70@hotmail.com

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

For further information concerning this matter, please call:

Wendy Ledley

239 <sub>410-</sub>

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

statement of change is submitted for	fons 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this for a corporation organized under the laws of the State of Florida gistered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	
3. The mailing address (if differen	it):
4. Date of incorporation/qualificat	ion: 01/01/2018
5. The name and street address of Florida Department of State: (If	the current registered agent and registered office on file with the resigned, enter resigned)
John S. Led	lley 🔑 🚆
2640 Vareo	Ct 2
	FL 33991
	the new registered agent (if changed) and /or registered office
John S. Led	lley 37
1137 SE 19	
Cape Coral,	P.O. Box NOT acceptable FL 33990
The street address of its registered as changed will be identical.	d office and the street address of the business office of its registered agent,
Such change was authorized by reauthorized by the board, or the co	esolution duly adopted by its board of directors or by an officer so or
Signature of an officer or direct	Wendy Ledley
I hereby accept the appointment of further agree to comply with the performance of my duties, and I agent. Or, if this document is bei	as registered agent and agree to act in this capacity. The provisions of all statutes relative to the proper and complete The provisions of all statutes relative to the proper and complete The familiar with and accept the obligation of my position as registered The provision has been notified in writing of this change.
Mode	April 4, 2018
Signature of Register Age  If signing on behalf of an entity:	ent Date
Typed or Printed Name	