

P 17000094185

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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DEC 11 2019

REGISTERED AGENT CHANGE  
LEAD SOLUTIONS CORP

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

- 1. The name of the corporation: Lead Solutions Corp
2. The principal office address: 6500 Latchstring Rd Melrose, FL 32666
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/27/2017 Document number: P17000094185
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)

Transparen CPAS LLC
6500 Latchstring Rd
Melrose, FL 32666

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Registered Agents Inc.
7901 4th St N STE 300
St. Petersburg FL 33702

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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.

Julia Kolpina Signature of an officer or director
Julia Kolpina, 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.

Bill Havre Signature of Registered Agent
11/21/19 Date

If signing on behalf of an entity:
Bill Havre
Typed or Printed Name

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