91800004383

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
(00	cament Namber)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



400320111464

10/29/18--01012--028 **\$5.00

PILEU
2018 OCT 29 AM II: 28
SECRETARY OF STATE

C. GOLDEN NOV -2 2018

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	LAW OFFICES OF LEE H. BALLARD, P.A.				
3010	Name of Corporation				
DOCU	JMENT NUMBER: P18000004383				
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	LEE H. BALLARD, ESQ.				
	Name of Contact Person				
	LAW OFFICES OF LEE H. BALLARD, P.A.				
	Firm/Company				
10100 WEST SAMPLE RD, THIRD FLOOR					
	Address				
CORAL SPRINGS, FL 33065					
City/State and Zip Code					
	LAW@leeballardlaw.com				
E-mail address: (to be used for future annual report notification)					
	ther information concerning this matter, please call:				
LEE	H. BALLARD at () Name of Contact Person Area Code & Daytime Telephone Number				
	Name of Contact Person Area Code & Daytime Telephone Number				
Enclos	ed 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				

LAW OFFICES OF LEE H. BALLARD, P. A.

Cumber Executive Plaza 10100 W. Sample Road Third Floor Coral Springs, Florida 33065 Telephone: (954) 874-0180 Facsimile: (954) 874-0862

Reply To: Lee Ballard Law@leeballardlaw.com

October 25, 2018

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

VIA REGULAR MAIL

Re: The Law Offices of Lee H. Ballard, P.A.; Change of Registered Agent

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Agent for The Law Offices of Lee H. Ballard, P.A. and a in the amount of \$35.00.

Please do not hesitate to contact our office should you have any questions or concerns.

Very truly yours,

/s/ Lee H. Ballard

For the Firm

Encl.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of	r		
1. The name of	the corporation: LAW OFFICES OF LEE H. BALLARD, P.A.			
2. The principa	l office address: 10100 WEST SAMPLE RD, THIRD FLOOR PRINGS, FL 33065			
3. The mailing	address (if different):			
4. Date of incor	rporation/qualification: 01/16/2018 Document number: P1800	0004383		
	d street address of the current registered agent and registered office on file vartment of State: (If resigned, enter resigned)	vith the		
	CORPORATE CREATONS NETWORK INC.			
	11380 PROSPERITY FARMS ROAD #221E	- ∽ ≥		
	PALM BEACH GARDENS, FL 33410	2018 OCT 29 SECRETAR) TALLAYE		
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered o	. Ω ¯`	m	
	LEE H. BALLARD, ESQ.	AMII: 20 OF STATI	Ö	
	10100 W SAMPLE RD, THIRD FLOOR	28 ATE		
	P.O. Box NOT acceptable CORAL SPRINGS, FL 33065	-		
The street addr as changed wil	ess of its registered office and the street address of the business office of it be identical.	ts registered ager	ıt.	
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	officer so		
LEE H. BALLARD, President Signature of an officer or director Printed or typed name and title				
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and confirm duties, and I am familiar with and accept the obligation of my position is document is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change.	nplete n as registered ce address, I		
Sig	Ball 10/15/18 gnature of Registered Agent Date			
If signing on be	chalf of an entity:			
LAWOFF	ICES OF LEE H. BALLARD, P.A.			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

Typed or Printed Name