## P18000050278

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
		<u></u>
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u></u>
(50	<b></b>	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	<u> </u>

Office Use Only

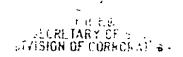


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## **COVER LETTER**



TO: Amendment Section Division of Corporations

2018 JUL 27 PH 电键

SUBJECT: The Legal Beagle Corporation	
Name of Corporation	-
DOCUMENT NUMBER: P18000050278	

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:

## Name of Contact Person The Legal Beagle Corporation Firm/Company 1105 Registry Blvd Address St. Augustine, FL 32092 City/State and Zip Code

thelegalbeagle@thelegalbeagle.org

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

For further information concerning this matter, please call:

Kimberly Sand	<sub>at (</sub> 904	,429-7727
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 cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: The Legal Beagle Corporation	
2. The principal	Loffice address: 1105 Registry Blvd, St. Augustine, FI 32092	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 06/04/2018 Document number: P18000050278	_
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Jeffrey Sand (resigned)	
	1105 Registry Blvd	
	St. Augustine, FL 32092	
6. The name and (if changed):	St. Augustine, FL 32092  d street address of the new registered agent (if changed) and /or registered office	- 11 - 1
	Kimberly Sand	
	1700 Registry Dive	L
	P.O. Box NOT acceptable  St. Augustine, FL 32092	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, libe identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
<u></u>	Kimberly Sand, President Printed or typed name and title	
I hereby accept I further agree of performance of agent. Or, if the	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 complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.	
Xby	7/25/18	
00	gnature of Registered Agent Date	
	chalf of an entity:	
	or The Legal Beagle Corporation  Sped or Printed Name	

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

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