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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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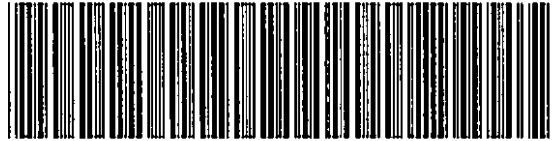
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: L EQUALS MC 2, INC.
Name of Corporation

DOCUMENT NUMBER: P19000039008

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:

MAREO HOOD
Name of Contact Person

L EQUALS MC 2, INC.
Firm/Company

4917 UMBRELLA TREE LANE
Address

TAMARAC, FL 33319
City/State and Zip Code

LEQUALSMC2INC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAREO HOOD at (281) 391-0567
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: LEOVALS MC 2, INC.
2. The principal office address: 4917 UMBRELLA TREE LAKE
TAMARAC, FL 33319
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: MAY 2, 2019 Document number: 719000039008
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)

RESIGNED

LEGAL INC CORPORATE SERVICES, INC.

5237 SUMMITLINE COMMONS, SUITE 400, FT. MYERS, FL 33907

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

MARCO HODD

4917 UMBRELLA TREE LAKE

P.O. Box NOT acceptable

TAMARAC, FL 33319

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, if the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

MARCO HODD, DIRECTOR
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.

[Signature]
Signature of Registered Agent

MAY 2, 2020
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

CR2E045 (04/13)