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Florida Department of State

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

From:
Account Name : INC SOLUTIONS LLC
Account Number : I20190000050
Phone : (888)406-7602
Fax Number : (305)925-1124

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

Email Address: SUNBIZ@INC.SOLUTIONS

REGISTERED AGENT CHANGE
LEO REIS CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FL

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JUN 23 2021

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEO REIS CORPORATION
Name of Corporation

DOCUMENT NUMBER: P19000058668

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:

DIECSON VILARINO

Name of Contact Person

INC SOLUTIONS LLC

Firm/Company

28 W FLAGLER ST STE 300B

Address

MIAMI, FL 33130

City/State and Zip Code

SUNBIZ@INC.SOLUTIONS

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

For further information concerning this matter, please call:

DIECSON VILARINO

Name of Contact Person

at (786) 870-1573

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: LEO REIS CORPORATION
2. The principal office address: 999 BRICKELL AVENUE SUITE 410
MIAMI, FL 33131
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/17/2019 Document number: P19000058668
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)

Reis, Leonardo

20515 East Country Club Dr Apt 746

Miami, FL 33180

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

INC SOLUTIONS LLC

28 W FLAGLER ST STE 300B

PO Box NOT acceptable

MIAMI, FL 33130

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.

Leonardo Reis

Signature of an officer or director

LEONARDO REIS

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.

Diecson Vilarino

Signature of Registered Agent

06/22/2020

Date

If signing on behalf of an entity:

DIECSON VILARINO

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)