## P2000004315

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
JAN 24 2022

Office Use Only



900378567069

01/03/22--01013--016 ++35.00

ZOZZ JAN -3 AH 3: OC SECREJANY OF SECTION

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Leonard Coastal Management Consulti Name of Corporation	ng, Inc.
DOCUMENT NUMBER: P20000004815	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Benjamin Leonard	
Name of Contact Person	
LCMC, Inc.	
Firm/Company	
5137 6th Street N	
Address	
St Petersburg, FL 33703	
City/State and Zip Code	
ben@lcmc.us	
E-mail address: (to be used for future annua	ll report notification)
For further information concerning this matter,	please call:
Benjamin Leonard	253-4588
Name of Contact Person	at ( 727 ) 253-4588  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	e Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of chai	provisions of sections 607.0502, 617.0502, 6 nge is submitted for a corporation organize r to change its registered office or registered	d under the laws of the State of Floric	la	
· ·	he corporation: Leonard Coastal Managemer			
	office address: 5137 6th Street North, St. Pete			
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 01/21/2020	Document number: P2000000481	5	
5. The name and Florida Depar	street address of the current registered ager truent of State: (If resigned, enter resigned)	nt and registered office on file with th	e	
	UNITED STATES CORPORATION AGEN	TS, INC.		
	5575 S. SEMORAN BLVD. SUITE 36			
	ORLANDO, FL 32822			
6. The name and (if changed):	street address of the new registered agent (	(if changed) and /or registered office	SECRET.	2022 JAN -3
	Benjamin Leonard		383 733	မ် 🗄
	5137 6th Street North		<u> </u>	A 1
P.O. Box. NOT acceptable				AM 3: 00
	St. Petersburg, FL 33703			
The street address changed will	ess of its registered office and the street ad be identical.	dress of the business office of its reg	gistered	agent,
Such change wa authorized by the	as authorized by resolution duly adopted be board, or the porporation has been notif	y its board of directors or by an officied in writing of the change.	cer so	
V	all	Benjamin Leonard - Principal Consulta	nt	
-	re of an officer or director	Printed or typed name and title		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and a to comply with the provisions of all statute ad I am familiar with and accept the oblige in filed merely to reflect a change in the i s been notified in writing of this change.	agree to act in this capacity. es relative to the proper and complet ation of my position as registered ag registered office address, I hereby co	te perfoi ent. Or onfirm t	rmance · if this hat the
W	211	12/21/2021		
Sig	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
<del></del>	yped 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 \* \* \*

CR2E045 (04/13)