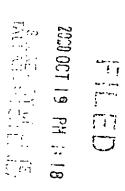
## P20000026215

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	
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## **COVER LETTER**

Division of Corporations	•
SUBJECT: Change of Registered Agent Name of Corporation	
DOCUMENT NUMBER: P20000026215	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	
LESLIE COLRANE	
Name of Contact Person	
LEUMERIA KUMARA INC	
Firm/Company	<del></del>
P.O. BOX 530062	
Address	<del></del>
MIAMI SHORES, FL 33153	
City/State and Zip Code	
LEUMERIA.KUMARA@GMAIL	COM
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
LESLIE COLRANE	at ( 323 ) 354-5552
Name of Contact Person	at (323 ) 354-5552 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	urtment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations 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 change is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Florida
0 0 3	r registered agent, or both, in the State of Florida.
1. The name of the corporation:LEUMERIA K	UMARA INC.
2. The principal office address: 1000 5TH STREE	
3. The mailing address (if different): P.O. BOX 5	530062, MIAMI SHORES, FL 33153
4. Date of incorporation/qualification: 3/20/2020	Document number: P20000026215
5. The name and street address of the current regis Florida Department of State: (If resigned, enter	
COLRANE, LESLIE	
7901 4TH ST N STE 300	
ST PETERSBURG, FL 33702	
6. The name and street address of the new register (if changed):	red agent (if changed) and /or registered office
GREGG HUNTER	
6910 NW 14TH COURT	20
MARGATE, FL 33063	P.O. Box NOT acceptable
The street address of its registered office and the as changed will be identical.	e street address of the business office of its registered agent,
Such change was authorized by resolution duly a authorized by the board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.
Satur	LESLIE COLRANE
Thereby accept the appointment as registered as I further agree to comply with the provisions of of my duties, and I am familiar with and accept document is being filed merely to reflect a chang corporation has been notified in writing of this corporation has been notified in writing of this corporation.	Printed or typed name and little  gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.
Stura Menter	10/16/2020
Signature of Registered Agent	Date
If signing on behalf of an entity:	
GREGG HUNTER	_

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