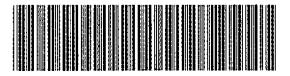
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Office Use Only



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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: 101 Legacy Corp	
Name of Corporation	
DOCUMENT NUMBER: P20000062354	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Rosidah Harris	
Name of Contact Person	
101 Legacy Corp	
Firm/Company	
924 N Magnolia Avenue	
Address	
Orlando, FL 32803	
City/State and Zip Code	
info@my1011egacy.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
Rosidah Harris	at (833)463-5911 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	e 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

CR2E045 (04/13)

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

statement of char	nge is submitted for a	i corporation organiz	ed under the laws of	08, Florida Statutes, the State of FLORIDA	his ———		
	r to change its registe		ed agent, or both, in t	the State of Florida.			
1. The name of the	he corporation: 101 L	egacy Corp					
2. The principal of	office address: 924 N I	Magnolia Ave, Orland	o, FL, 32803				
3. The mailing a	ddress (if different):	17774 Sterling Pond L	n, Orlando, FL, 32820)			
4. Date of incorp	orporation/qualification: 08/06/2020 Document number: P20000062354						
5. The name and	street address of the timent of State: (If res	current registered age	ent and registered off	ice on file with the			
	17774 Sterling Pond I	Ln, Orlando, FL. 32820	0				
					-		
6. The name and (if changed):	street address of the	new registered agent	(if changed) and /or	registered office	٠.		
(11 -111-187	924 N Magnolia Ave.	, FL, 32803			:		
					:: :::		
		P.O. Box	NOT acceptable				
				ss office of its register			
Such change wa authorized by the	is authorized by reso te board, or the corpo	olution duly adopted oration has been noti	by its board of direct fied in writing of the	tors or by an officer see change.	o		
Signalu	re of an officer or director		Kosidah	Syped name and title			
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as r to comply with the pr d I am familiar with ng filed merely to rej s been notified in wri	registered agent and rovisions of all statu and accept the oblig flect a change in the iting of this change.	agree to act in this of tes relative to the pro- pation of my position registered office add	capacity. oper and complete per as registered agent dress, I hereby confiri	rformanc Or, if thi n that the		
(Soit	/farris		10/21/2020				
/ Sig	nature of Registered Agent			Date			
If signing on be	half of an entity:						
ROSIDAH HAR	RIS						
T	yped or Printed Name						

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