

715782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

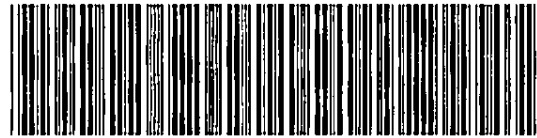
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

A. Butter  
9/23/21

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: LEISURE HOUSE ASSOCIATION  
Name of Corporation

DOCUMENT NUMBER: 715782

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:

✓  
Name of Contact Person

090100010

MOODY SERVICES INC  
Firm/Company

1405 UNIVERSITY DR. Suite B  
Address

Plantation FL 33324  
City/State and Zip Code

E-mail address: Johnpino15@hotmail.com  
(to be used for future annual report notification)

For further information concerning this matter, please call:

John J Pino at (610) 401-6475  
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

CR2E045 (04/13)

**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: LEISURE HOUSE ASSOCIATION
- 2. The principal office address: 3000 RIOMAR Street  
FORT LAUDERDALE, FL 33304
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 12-31-1968 Document number: 715782
- 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

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

MOODY ACCOUNTING INC.  
140 S. UNIVERSITY DR. SUITE B  
P.O. Box NOT acceptable  
Plantation, FL 33324

FILED  
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 DIVISION OF STATE  
 TALLAHASSEE, FL

The street address of its registered office and the street address of the business office, or 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.

*John J. Pino*  
 Signature of an officer or director

JOHN J. PINO; President  
 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.*

✓ Margaret A. Moody  
 Signature of Registered Agent

9-9-2021  
 Date

If signing on behalf of an entity:

✓ MARGARET A. MOODY  
 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)