## 715871

| (Re                      | questor's Name)   |           |  |  |  |  |  |  |
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| (City/State/Zip/Phone #) |                   |           |  |  |  |  |  |  |
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SECRETARY OF STATE
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: PALM BEACH LEISUREVILLE COMMUNITY ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: 715871

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:

DANIEL WASSERSTEIN
Name of Contact Person

WASSERSTEIN, P.A.

Firm/Company

301 YAMATO ROAD, SUITE 2199

Address

BOCA RATON, FL 33431

City/State and Zip Code

danw@wassersteinpa.com

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

For further information concerning this matter, please call:

DANIEL WASSERSTEIN 288-399

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| - · · · · · · · · · · · · · · · · · · ·        | e provisions of sections 607.0502,<br>cange is submitted for a corporation<br>fer to change its registered office o                                                                   | an argunizei   | dunder the Image                      | of the Court of                 | FLODIDA                         | this          | -       |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------|---------------------------------|---------------------------------|---------------|---------|
|                                                | the corporation: PALM BEACI                                                                                                                                                           |                |                                       |                                 |                                 | ATIO          | N INC   |
| 2. The principa                                | office address: 1007 OCEA                                                                                                                                                             | N DRIVE        | , BOYNTON                             | BEACH,                          | FL 334                          | 26            | 1,,,,,, |
|                                                |                                                                                                                                                                                       |                |                                       |                                 |                                 |               |         |
| 3. The mailing                                 | address (if different): N/A                                                                                                                                                           | <del></del>    |                                       |                                 |                                 |               |         |
| 4. Date of incor                               | poration/qualification: 1/10/19                                                                                                                                                       | 69             | Document nur                          | mber: 71587                     | <u>'1</u>                       | <del></del>   | —_      |
| 5. The name an                                 | d street address of the current regi-<br>rtment of State: (If resigned, enter                                                                                                         | stered agent   |                                       |                                 |                                 |               |         |
|                                                | RANDALL K. ROGER 8                                                                                                                                                                    |                | CIATES, P.A                           | ١.                              |                                 |               |         |
|                                                | ONE PARK PLACE, 621                                                                                                                                                                   |                |                                       |                                 |                                 |               |         |
|                                                | BOCA RATON, FL 3348                                                                                                                                                                   |                | · · · · · · · · · · · · · · · · · · · |                                 |                                 |               |         |
| 6. The name and (if changed):                  | I street address of the new register                                                                                                                                                  | ed agent (if   | changed) and /o                       | r registered of                 | SE'CRE                          | 2018 0        |         |
|                                                | WASSERSTEIN, P.A.                                                                                                                                                                     |                |                                       |                                 | AHA                             | CT _          | 0       |
|                                                | 301 YAMATO ROAD, S                                                                                                                                                                    | UITE 21        | <br>99                                |                                 | Y OF                            |               |         |
|                                                |                                                                                                                                                                                       | lox NOT accept |                                       |                                 | E FL                            | H II : 2      | 0       |
| The street addre                               | ss of its registered office and the be identical.                                                                                                                                     | street addre   | ess of the busine                     | ess office of its               | ा<br>: registere                | دن<br>d agen: | t,      |
| Such change wa<br>authorized by th             | s authorized by resolution duly ac<br>e board, or the corporation has be                                                                                                              | dopted by it   | s board of direc                      | tors or by an o                 | officer so                      |               |         |
| Signatur                                       | e of an officer or director                                                                                                                                                           | <u>.</u>       | Shirles                               | Vocal name and fulle            |                                 | M             | lace    |
| performance of i<br>age <b>n</b> i. Or. if thi | the appointment as registered ago<br>o comply with the provisions of a<br>my duties, and I am familiar with<br>s document is being filed merely t<br>hat the corporation has been not | and accept     | the obligation of                     | oper ana comp<br>of my position | olete<br>as registe<br>address, | red<br>I      |         |
| Sign                                           | ature of Registered Agent                                                                                                                                                             | 9/2            | 25/2018                               |                                 |                                 |               |         |
| If signing on beh                              |                                                                                                                                                                                       |                |                                       | Date                            |                                 | <del></del>   |         |
|                                                | SSERSTEIN                                                                                                                                                                             |                |                                       |                                 |                                 |               |         |
|                                                | ped or Printed Name                                                                                                                                                                   |                |                                       |                                 |                                 |               |         |

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