

729069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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OCT 10 AM 10:42
2019

OCT 21 2019
Clerk

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE FRENCH LEAVE WEST, INC.

Name of Corporation

DOCUMENT NUMBER: 729069

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:

Claire Louisville

Name of Contact Person

Tri-County Property Services

Firm/Company

1451 W Cypress Creek Rd ste 300

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

INFO@TRICOUNTYPSM.NET

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

For further information concerning this matter, please call:

Claire Louisville

Name of Contact Person

at (754) 368-6593

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

2019 OCT 10 AM 10:42
CLERK OF COURT
STATE OF FLORIDA

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 _____
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE FRENCH LEAVE WEST, INC.
2. The principal office address: C/O Tri-County Property Services & Management
1451 W Cypress Creek Rd ste 300 Fort Lauderdale FL 33309
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/14/1974 Document number: 729069
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)
Basulto Robbins & Associates, LLP
14160 NW 77 Court Suite 22 Miami Lakes, FL 33016
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Tri-County Property Services & Management
1451 W Cypress Creek Rd ste 300
P.O. Box NOT acceptable
Fort Lauderdale, FL 33309

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


Signature of an officer or director

Daniel Martin, 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.


Signature of Registered Agent

9/25/19
Date

If signing on behalf of an entity:

Cherise Louisville
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 (03/12)