I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.			
SIGNATURE: IRA H. LEESEIELD	PRESIDENT	01/19/2023	

SIGNATURE: IRA H. LEESFIELD

Electronic Signature of Signing Officer/Director Detail

## 0

City-State-Zip: MIAMI FL

	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	ТРТ	Title	TVS	
Name	LEESFIELD, IRA H.	Name	LEESFIELD, CYNTHIA	
Address	2350 S. DIXIE HWY.	Address	2350 S. DIXIE HWY.	
City-State-Zip:	MIAMI FL	City-State-Zip:	MIAMI FL	
Title	т			
Name	LEESFIELD-STONER, JENNIFER			
Address	2350 S. DIXIE HWY			

# The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**Current Mailing Address:** 

2350 S. DIXIE HIGHWAY MIAMI, FL 33133

2350 S. DIXIE HIGHWAY MIAMI, FL 33133

DOCUMENT# N38165

**Current Principal Place of Business:** 

# Name and Address of Current Registered Agent:

FEI Number: 65-0205711

LEESFIELD, IRA H. 2350 S. DIXIE HIGHWAY

MIAMI, FL 33133 US

SIGNATURE:

Entity Name: THE LEESFIELD FAMILY CHARITABLE FOUNDATION, INC.

### FILED Jan 19, 2023 Secretary of State 1026660976CC

Certificate of Status Desired: Yes

PRESIDENT

Date

Date