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. LEESFIELD

Electronic Signature of Signing Officer/Director Detail

Title Nam Addr City-Title Nam Addr

Offi

City-State-Zip: MIAMI FL

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

MIAMI, FL 33133

2350 S. DIXIE HIGHWAY

DOCUMENT# N38165

Current Mailing Address:

Current Principal Place of Business:

2350 S. DIXIE HIGHWAY MIAMI, FL 33133

FEI Number: 65-0205711

Name and Address of Current Registered Agent:

LEESFIELD, IRA H. 2350 S. DIXIE HIGHWAY MIAMI, FL 33133 US

SIGNATURE:

Entity Name: THE LEESFIELD FAMILY CHARITABLE FOUNDATION, INC.

FILED Apr 05, 2018 Secretary of State CC9050577270

Certificate of Status Desired: Yes

04/05/2018 Date

Date

PRESIDENT