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

2350 S. DIXIE HWY

MIAMI FL

Electronic Signature of Signing Officer/Director Detail

**Officer/Director Detail :** TPT Title 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

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.

Name and Address of Current Registered Agent:

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

SIGNATURE:

Address

City-State-Zip:



# Electronic Signature of Registered Agent

Certificate of Status Desired: Yes

PRESIDENT

DOCUMENT# N38165

Entity Name: THE LEESFIELD FAMILY CHARITABLE FOUNDATION, INC.

# **Current Principal Place of Business:**

2350 S. DIXIE HIGHWAY MIAMI, FL 33133

# **Current Mailing Address:**

2350 S. DIXIE HIGHWAY MIAMI. FL 33133

# FEI Number: 65-0205711

03/02/2017

Date

Date

FILED Mar 02, 2017 Secretary of State CC7426740325