

717283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

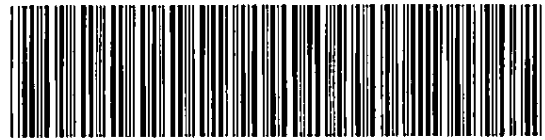
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL

2023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LEISURE SANDS ASSOCIATION INC.  
Name of Corporation

**DOCUMENT NUMBER:** 717283

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:

Robert E. Paige Esq.

Name of Contact Person

Paige Law Group P.A.

Firm/Company

9500 South Dadeland Boulevard #550

Address

Miami, FL 33156

City/State and Zip Code

email@paigelawgroup.com

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

For further information concerning this matter, please call:

Robert E. Paige Esq.

Name of Contact Person

at ( 305 ) 670-0020

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

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

1. The name of the corporation: LEISURE SANDS ASSOCIATION INC.
2. The principal office address: 720 Orton Avenue, Fort Lauderdale, FL 33304
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/1/1969 Document number: 717283
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)

NACHMAN, IRVIN W

4441 STIRLING RD

Fort Lauderdale, FL 33314

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PAIGE LAW GROUP P.A.

9500 South Dadeland Boulevard #550

P.O. Box NOT acceptable

Miami, FL 33156

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DIVISION OF STATE  
CORPORATIONS

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.

Maria Tillit  
Signature of an officer or director

MARIA TILLIT, 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.

Robert E. Paige  
Signature of Registered Agent

MAR 10, 2023  
Date

If signing on behalf of an entity:

Robert E. Paige Esq.

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 (04/13)