

727887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

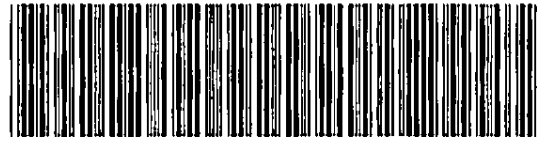
(Business Entity Name)

(Document Number)

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2022 SEP 12 PM 2:07
TALLAHASSEE, FL 32301

DEC 13 2022
S. PRATHER

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Friday, September 9, 2022

VIA FEDERAL EXPRESS

Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE:	Various filings
	Articles of Amendment re: Change in Registered Agent's Address

To whom it may concern:

Enclosed please find the following;

1. 29 Statement of Change of Registered Agent's Office of Address;
2. Check no. 1840 in the amount of \$1,015.00;

Please feel free to contact me at 786-378-8243 if you have any questions.

Thank you.

Sincerely,

Law Office of Carla Jones, P.A.


Carla A. Jones, Esq.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LESLIE ESTATES HOMEOWNERS' ASSOCIATION NO. 3, INC.
Name of Corporation

DOCUMENT NUMBER: 727887

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:

Carla A. Jones, Esq.
Name of Contact Person
Law Office of Carla Jones, P.A.
Firm/Company
1125 N.E. 125 Street, Suite 103
Address
North Miami, FL 33161
City/State and Zip Code

carla@cjlawoffices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carla A. Jones, Esq. at (786) 378-8243
Name of Contact Person 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: LESLIE ESTATES HOMEOWNERS' ASSOCIATION NO. 3, INC.

2. The principal office address: 8211 W BROWARD BLVD PHH PLANTATION S. FL 33324

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/29/1973 Document number: 727887

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)

Law Office of Carla Jones, P.A.
550 NE 124 Street
North Miami, FL 33161

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

Law Office of Carla Jones, P.A.
1125 N.E. 125 Street, Suite 103, North Miami, FL 33161
P.O. Box NOT acceptable

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Aut. Sec. of State

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.

Carla Jones, Esq. authorized agent
Signature of an officer or director

Carla Jones, Esq. authorized agent
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.

Carla Jones
Signature of Registered Agent

9/9/2022
Date

If signing on behalf of an entity:

Carla Jones
Typed or Printed Name

*** FILING FEE: \$35.00 ***