

728602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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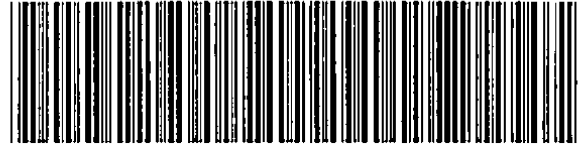
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: BOYNTON LEISUREVILLE COMMUNITY ASSOCIATION, INC.  
Name of Corporation

DOCUMENT NUMBER: 728602

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:

JOSEPH HISH, PRESIDENT

Name of Contact Person

BOYNTON LEISUREVILLE COMMUNITY ASSOCIATION, INC.

Firm/Company

1807 SW 18TH STREET

Address

BOYNTON BEACH, FL 33426

City/State and Zip Code

BOYNTONLEISUREVILLE@GMAIL.COM

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

For further information concerning this matter, please call:

TED SLEEMAN, MANAGER at ( 561 ) 732-2307

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**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: BOYNTON LEISUREVILLE COMMUNITY ASSOCIATION, INC  
2. The principal office address: 1807 SW 18TH STREET  
BOYNTON BEACH, FL 33426  
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 01/10/1974 Document number: 728602

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)

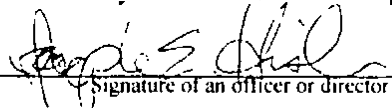
KONYK & LEMME PLLC  
140 INTRACOASTAL POINTE DRIVE, STE 310  
JUPITER, FL 33477

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

LEVINE LAW GROUP  
2500 NORTH MILITARY TRAIL, STE 283  
P.O. Box NOT acceptable  
BOCA RATON, FL 33431

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.

  
Signature of an officer or director

JOSEPH HISH, 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.*

  
Signature of Registered Agent

8-13-19  
Date

If signing on behalf of an entity:

Jay Stern, Levine (pres)  
Typed or Printed Name

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

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