

759298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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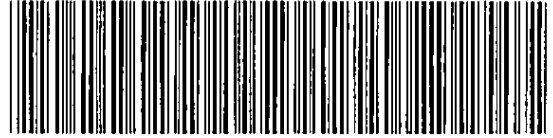
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE LANDINGS OF DELRAY BEACH CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 759298

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:

Daniel Weber, Esq.  
Name of Contact Person

Sachs Sax Caplan P.L.  
Firm/Company

6111 Brokenb Sound Pkwy NW, Suite 200  
Address

Boca Raton, FL 33487  
City/State and Zip Code

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

For further information concerning this matter, please call:

Daniel Weber, Esq. at (561) 237-6824  
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: THE LANDINGS OF DELRAY BEACH CONDOMINIUM ASSOCIATION, INC

2. The principal office address: 790 ANDREWS AVENUE, DELRAY BEACH, FL 33483

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 7/24/1981 Document number: 759298

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)

LEAVY, MARIA A - LEAVY LAW, P.A.

800 VILLAGE SQUARE CROSSING - STE. 437

PALM BEACH GARDENS, FL 33410

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

Sachs Sax Caplan P.L. c/o Daniel Weber, Esq.

6111 Broken Sound Pkwy NW, Suite 200

P.O. Box NOT acceptable

Boca Raton, FL 33487

SEC. OF STATE  
2023 JUL 10 PM 1:44  
DANIEL WEBER

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.

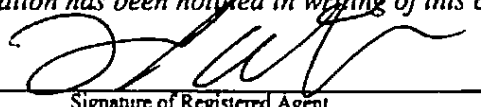


Signature of an officer or director

Louis Carrillo, 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

6/27/23

Date

If signing on behalf of an entity:

Daniel Weber, 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