

N10000002192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000185658950

09/27/10--01028--013 **35.00

PA chy

FILED
10 OCT 19 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts OCT. 20. 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 OCT 19 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 28, 2010

TRACI L. AMBROSINO
LISA J. LEDER FAMILY FOUNDATION, INC.
5821 LAKE WORTH ROAD
GREENACRES, FL 33463

SUBJECT: LISA J. LEDER FAMILY FOUNDATION, INC.
Ref. Number: N10000002192

We have received your document for LISA J. LEDER FAMILY FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 310A00022987

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lisa J. Leder Family Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: N10000002192

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:

Traci L. Ambrosino
Name of Contact Person

Lisa J. Leder Family Foundation, Inc.
Firm/Company

5821 Lake Worth Road
Address

Greenacres, FL 33463
City/State and Zip Code

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

For further information concerning this matter, please call:

Traci L. Ambrosino at (561) 966-0070 x 11
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

**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: Lisa J. Leder Family Foundation, Inc.
2. The principal office address: 5821 Lake Worth Road, Greenacres, FL 33463
3. The mailing address (if different): _____
4. Date of incorporation/qualification: March 2nd, 2010 Document number: N10000002192

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)

Matt Adams Noble Properties

5821 Lake Worth Road

Greenacres, FL 33463

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

Traci L. Ambrosino, c/o Noble Properties

5821 Lake Worth Road

P.O. Box NOT acceptable

Greenacres, FL 33463

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]
Signature of an officer or director

Joel B Hart, Director
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]
Signature of Registered Agent

10-14-10
Date

If signing on behalf of an entity:

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 (8/05)

FILED
OCT 19 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA