

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
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REGISTERED AGENT CHANGE
LEONARD & CARYL SHAPIRO FAMILY FOUNDATION, INC.

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Myra Simmons 800-432-3622

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**CAPITOL
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Name: Myra Simmons

Email: msimmons@capitol-services.com

Fax No: 800-432-3622

Voice No: 800-345-4647

Subject: CHANGE OF AGENT FILING

Capitol Corporate Services, Inc.
206 E. 9th St, Ste 1300
Austin, TX 78701

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.

- The name of the corporation: LEONARD & CARYL SHAPIRO FAMILY FOUNDATION, INC.
- The principal office address: 4240 Galt Ocean Dr 2004
Fort Lauderdale, FL 33308
- The mailing address (if different): _____
- Date of incorporation/qualification: 8/3/2017 Document number: N17C00008015
- 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)
Capitol Corporate Services, Inc.
155 Office Plaza Drive, Suite A
Tallahassee FL 32301
Street Address City State Zip Code

- The name and street address of the new registered agent (if changed) and/or registered office (if changed):
Capitol Corporate Services, Inc.
515 East Park Avenue 2nd Fl
Tallahassee FL 32301
Street Address P.O. Box (NOT acceptable) City State Zip Code

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

LEONARD H. SHAPIRO SECRETARY
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.

Debbie Case
Signature of Registered Agent

9-7-17
Date

If signing on behalf of an entity:

Debbie Case, Asst. Secretary on behalf of Capitol Corporate Services, Inc.
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
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TALLAHASSEE, FLORIDA

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