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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Mark J. Leeds, P.A.

P96000045734

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:

Mark J. Leeds

Name of Contact Person

Mark J. Leeds, P.A.

Firm/Company

1314 E. Las Olas Blvd., #790

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

mark@mjlpa.com

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

For further information concerning this matter, please call:

Mark J. Leeds

at (<u>954</u>)683-0355 Area Code & Daytime Telephone Number

Name of Contact Person

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, 61 statement of change is submitted for a corporation of in order to change its registered office or r	organized under the laws of the State of Florida	a	
1. The name of the corporation: Mark J. Leeds			
2. The principal office address: 2924 Davie Ro	pad, Suite 201, Davie, FL 33314		
3. The mailing address (if different): 1314 E. La	s Olas Blvd., #790, Fort Lauderda	ale, 33301	
4. Date of incorporation/qualification: 5/23/199	6 Document number: P9600004	5734	
5. The name and street address of the current register. Florida Department of State: (If resigned, enter re		e	
Mark J. Leeds		<b>-</b>	
633 South Federal Highw	vay, 8th Floor	77 D الجنال الجنال	
Fort Lauderdale, FL 3330	)2	EC -8	
6. The name and street address of the new registered (if changed):	d agent (if changed) and /or registered office	3 PH 4: 3	
Mark J. Leeds		₩ 33 G	
2924 Davie Road, Suite	201  NOT acceptable		
Davie, Florida 33314	N NOT acceptance		
The street address of its registered office and the sas changed will be identical.	street address of the business office of its regi	istered agent.	
Such change was authorized by resolution duly adauthorized by the board, or the corporation has be	lopted by its board of directors or by an office en notified in writing of the change.	er so	
Signature of an officer or director	Mark J. Leeds Printed or typed name and title	<del></del>	
I hereby accept the appointment as registered age I further agree to comply with the provisions of a performance of my duties, and I am familiar with agent. Or, if this document is being filed merely t hereby confirm that the corporation has been not	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as r o reflect a change in the regisiered office ad	egisterea	
- tu	12/4/2017		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Mark J. Leeds Typed or Punted Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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