

SD 7688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

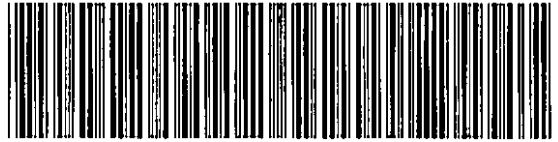
(Business Entity Name)

(Document Number)

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ST. JAMES, FLORIDA

JAN 07 2019

S. YOUNG

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LEE MANDELL, P.A.  
Name of Corporation

DOCUMENT NUMBER: S07688

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:

LEE MANDELL

Name of Contact Person

LEE MANDELL, P.A.

Firm/Company

16 WILD IVY RUN

Address

HENDERSONVILLE, NC 28739

City/State and Zip Code

LEE@MANDELL-LAW.NET

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

For further information concerning this matter, please call:

LEE MANDELL

Name of Contact Person

at ( 828 ) 692-4851

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: LEE MANDELL, P.A.
2. The principal office address: 16 WILD IVY RUN, HENDERSONVILLE, NC 28739
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 10/22/1990 Document number: S07688
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)

JAMES M. FISHMAN

9655 S. DIXIE HIGHWAY, SUITE 102

MIAMI, FL 33156

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

JAMES M. FISHMAN

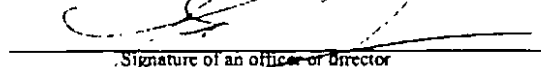
9300 DADELAND BLVD., 4<sup>th</sup> Floor

P.O. Box NOT acceptable

MIAMI, FL 33156

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

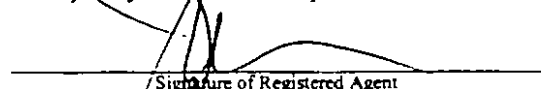
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

LEE MANDELL, AS 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

12.20.2018

Date

If signing on behalf of an entity:

James M. Fishman  
\_\_\_\_\_  
Typed or Printed Name

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

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18 DEC 26 AM 7:55  
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