

NO9000001823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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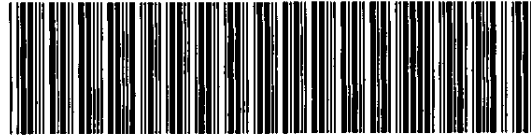
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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10/9/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fernandina Beach American Legion F
Name of Corporation

DOCUMENT NUMBER: N09000001823

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:

Vernetta Spaulding

Name of Contact Person

American Legion Post 174

Firm/Company

200 S 12th Street

Address

Fernandina Beach, FL 32034

City/State and Zip Code

alpost174@gmail.com

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

For further information concerning this matter, please call:

Vernetta L Spaulding

Name of Contact Person

at (904) 583-1569

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Fernandina Beach American Legion Post 174 Inc
2. The principal office address: 200 S 12th Street
Fernandina Beach, FL 32034
3. The mailing address (if different): P O Box 15704
Fernandina Beach, FL 32035
4. Date of incorporation/qualification: 2/24/09 Document number: N09000001823

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)

Mary T Holloway

9429 Scadlocke Road

Jacksonville, FL 32208

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

Terry Roberts

816 S 12th Street

P.O. Box NOT acceptable

Fernandina Beach, FL 32034

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

Vernetta L. Spaulding

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

07 August 2015

Date

If signing on behalf of an entity:

Terry L. Roberts

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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