## 724801

| (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: |  |  |
|   |  |  |
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Office Use Only



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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

| SUBJECT: Daytona Beach Sail and Power Squadron, Inc. Name of Corporation  |  |  |
|---|--|--|
| Traine of Confederation   |  |  |
| DOCUMENT NUMBER: 724801   |  |  |
| The enclosed Statement of Change of Registered Office                     | re/Agent and fee are submitted for filing.             |  |
| Please return all correspondence concerning this matter to the following: |  |  |
|   |  |  |
| Luc C. Labreche   |  |  |
| Name of Contact Person  |  |  |
| Daytona Beach Sail and Power Squadron                                     |  |  |
| Firm/Company  |  |  |
| 402 Bouchelle Drove, #201   |  |  |
| Address   | <del></del>  |  |
| New Smyrna Beach, FL 32169  |  |  |
| City/State and Zip Code   | <del></del>  |  |
| llabreche28@gmail.com   |  |  |
| E-mail address: (to be used for future annual report notification)        |  |  |
|   |  |  |
| For further information concerning this matter, please call:              |  |  |
| Paul S. Martines  | at / 386 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \         |  |
| Name of Contact Person  | at (386 )451-4575 Area Code & Daytime Telephone Number |  |
| Enclosed is a \$35.00 check made payable to the Department of State.      |  |  |
| Mailing Address:  | Street Address:  |  |
| Amendment Section   | Amendment Section                                      |  |
| Division of Corporations  | Division of Corporations The Centre of Tallahassee     |  |
| P.O. Box 6327   | 2415 N. Monroe Street, Suite 810                       |  |
| Tallahassee, FL 32314   | 2410 M. MOHIOC SHEEL, Suite 610                        |  |

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha                                       | nge is submitted for a corporatio  | 617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.  |
|--|--|---|
|  | the corporation: Daytona Beach Sa  | •   |
| 2. The principal                                       | office address: 402 Bouchelle Driv   | ve, # <del>204</del> , New Smyrna Beach, FL 32169   |
| 3. The mailing a                                       | ddress (if different):   |   |
| 4. Date of incorp                                      | poration/qualification: 11/14/1972   | Document number: 724801   |
|  | d street address of the current regi<br>timent of State: (If resigned, enter | istered agent and registered office on file with the resigned)  |
|  | James S. Becker  | 20.   |
|  | 1317 Coconut Palm Circle   | 2025 AUG  |
|  | Port Orange, FL 32128-7462   |   |
| 6. The name and (if changed):                          | d street address of the new registe  | ered agent (if changed) and /or registered office   |
|  | Luc C. Labreche  |   |
|  | 402 Bouchelle Drive, #204 #72  | _o(   |
|  |  | P.O. Box NOT acceptable   |
|  | New Smyrna Beach, FL 32169   | <u> </u>  |
| The street address changed will                        | ess of its registered office and the be identical.                           | e street address of the business office of its registered agent.  |
| Such change wa<br>authorized by the                    | as authorized by resolution duly<br>ne board, or the corporation has         | adopted by its board of directors or by an officer so been notified in writing of the change.   |
| Paul   | I martues  | Paul S. Martines  |
| Signatu  | re of an officer or director   | Printed or typed name and title   |
| I furthér agrée<br>of my duties, an<br>document is bei | to comply with the provisions of<br>ad Lam familiar with and accent          | igent and agree to act in this capacity.  all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ige in the registered office address, I hereby confirm that the change. |
| Son a  | Lole   | July 28,2025  |
| Sig  | nature of Registered Agent   | Date  |
| If signing on be                                       | chalf of an entity:  |   |
| Luc /  | yped or Printed Name   | _   |

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