

728714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

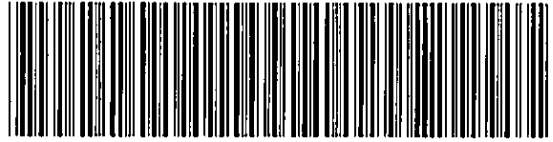
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: APOPKA AREA CHAMBER OF COMMERCE INC
Name of Corporation

DOCUMENT NUMBER: 728716

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:

CHARLES CHAMBERS

Name of Contact Person

APOPKA AREA CHAMBER OF COMMERCE INC

Firm/Company

180 E MAIN ST

Address

APOPKA, FL 32703

City/State and Zip Code

ACCOUNTING@APOPKACHAMBER.ORG

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

For further information concerning this matter, please call:

CHARLES CHAMBERS

Name of Contact Person

at (407) 774-0091

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: APOPKA AREA CHAMBER OF COMMERCE INC

2. The principal office address: 180 E MAIN ST, APOPKA, FL 32703

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/05/1974 Document number: 728716

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)

ABACUS ACCOUNTING LLC
180 E MAIN ST
APOPKA, FL 32703

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

CHARLES CHAMBERS C/O FAST SIGNS OF APOPKA
3030 E SEMORAN BLVD STE 156
APOPKA, FL 32703

P.O. Box NOT acceptable

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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.

Charles A Chambers

Signature of an officer or director

Charles Chambers - Chairmen

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.

Charles A Chambers

Signature of Registered Agent

05/07/24

Date

If signing on behalf of an entity:

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