

N11000 008 460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

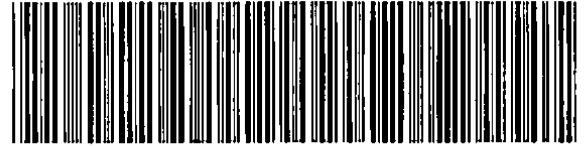
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COVER LETTER

You have check
This is a corrected
Form. Thank you

TO: Amendment Section
Division of Corporations

SUBJECT: Patriot Riders of America Inc

Name of Corporation

DOCUMENT NUMBER: N11000008460

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:

David Saunders

Name of Contact Person

Firm/Company

PO Box 380993

Address

Port Charlotte, FL 33938

City/State and Zip Code

patriotridersofamerica@gmail.com

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

For further information concerning this matter, please call:

David Saunders

Name of Contact Person

at (401) 439-5233

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

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2019 AUG 28 AM 10:46

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: Patriot Riders of America Inc., Chapter One Port Charlotte, Florida

2. The principal office address: 3152 Harbor Blvd
Port Charlotte, FL 33952

3. The mailing address (if different): PO Box 380993

4. Date of incorporation/qualification: 06/06/2011 Document number: N11000008460

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)

Tom Delaney
17032 Ohara Drive
Port Charlotte, FL 33958


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

David Saunders
4739 Bullard Street
P.O. Box NOT acceptable
North Port, FL 34287

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

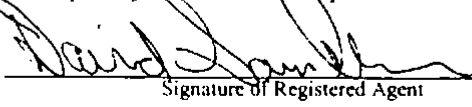
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Anthony Cuozzo
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

08/26/2019
Date

If signing on behalf of an entity:

Typed or Printed Name

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