

NO4837

(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:

Office Use Only



900131503899

06/20/08--01013--010 \*\*35.00

LA Ro Chy

FILED  
08 JUN 20 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts JUN 23 2008



Office of the Secretary  
4050 Esplanade Way  
Tallahassee, Florida 32399-0950  
Tel: 850.488.2786  
Fax: 850.922.6149  
[www.dms.MyFlorida.com](http://www.dms.MyFlorida.com)

Governor Charlie Crist

Secretary Linda H. South

June 13, 2008

American Merchant Marine Veterans, Inc.  
1323 Lafayette St., Unit H  
Cape Coral, FL 33904

Dear Sir or Madam:

A handwritten signature in black ink, appearing to be 'JW' or similar, written over the salutation.

Enclosed is your original check, number 2537 in the amount of \$35.00. I am returning this to you because the check was sent to our department in error. The payment should have gone to Florida Department of State.

Your attention to this matter is greatly appreciated. If you have any questions or concerns, please contact me at (850) 487-9909.

Sincerely,

A handwritten signature in black ink, appearing to be 'Shajuanna Footman', written over the word 'Sincerely'.

Shajuanna Footman  
Bureau of Financial Management Services  
Revenue Section

/smf

Enclosure

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMERICAN MERCHANT MARINE VETERANS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N04837

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:

Barbara J. Reher, Administrator  
(Name of Contact Person)

American Merchant Marine Veterans, Inc.  
(Firm/Company)

1323 Lafayette St., Unit H  
(Address)

Cape Coral, FL 33904  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Reher at (239) 549-1010  
(Name of Contact Person) (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

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.

- Cape Coral, FL 33904

- Cape Coral, FL 33904

(Signature of an officer or director)

(Printed or typed name and title)

(Signature of Registered Agent)

(Date)

(Typed or Printed Name)

CR2E045 (8/05)