

N14000000273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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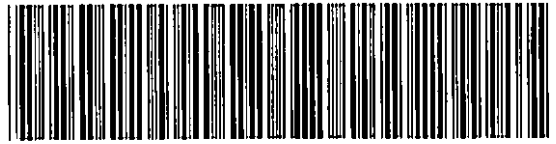
(Business Entity Name)

(Document Number)

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JUL 30 2018  
I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VERO BEACH CHAMBER OF COMMERCE, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N14000000273

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:

ROBERT J. MCCABE  
Name of Contact Person

VERO BEACH CHAMBER OF COMMERCE  
Firm/Company

1957 14TH AVENUE  
Address

VERO BEACH, FL 32960  
City/State and Zip Code

INFO@VEROCHAMBER.COM  
E-mail address: (to be used for future annual report notification)  
ROBERTJ.MCCABE@ADL.COM

For further information concerning this matter, please call:

ROBERT J. MCCABE at 772 - 226 - 5459  
Name of Contact Person Area Code & Daytime Telephone Number  
( 248 ) 421 - 7301

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

1. The name of the corporation: VERO BEACH CHAMBER OF COMMERCE, INC.

2. The principal office address: 1957 14TH AVENUE  
VERO BEACH, FL 32960

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/09/2014 Document number: A114000000273

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)

ROBERT J. MCCABE  
1957 14TH AVENUE  
VERO BEACH, FL 32960

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

1957 14TH AVENUE  
P.O. Box NOT acceptable  
VERO BEACH, FL 32960

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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.

Robert McCabe  
Signature of an officer or director

ROBERT J. MCCABE  
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.

Robert McCabe  
Signature of Registered Agent

7/20/18  
Date

If signing on behalf of an entity:

ROBERT J. MCCABE  
Typed or Printed Name

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