N12000004065

(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: Lisa must sign the accuptance statement			
acceptance statement			
,			

Office Use Only



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SECRETARY OF STATE

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APR 06 2019

D CUSHING

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJI	PARENTS, FAMILIES AND FRIENDS OF LESBIANS AND G	AYS - PALM BEACH CHAPTER, INC.			
SOBJI	Name of Corpor	ation			
DOCL	MENT NUMBER: N12000004065				
The en	closed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the	he following:			
	Carole Benowitz				
	Name of Contact	Person			
			بر خ		
	Firm/Compa	ny	19 5		
5761 Duckweed Rd			19 APR -1		
Address					
Lake Worth, FL 33449					
	Lake Worth, FL 33449 City/State and Zip Code				
pflag@pobox.com					
E-mail address: (to be used for future annual report notification)					
For fur	ther information concerning this matter, please call:				
Cai	role Benowitz	716-9464 Area Code & Daytime Telephone Nu			
	Name of Contact Person	Area Code & Daytime Telephone Nu	imber		
Enclos	ed 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			



January 17, 2019

CAROLE BENOWITZ 5761 DUCKWEED RD LAKE WORTH, FL 33449

SUBJECT: PARENTS, FAMILIES AND FRIENDS OF, LESBIANS AND GAYS -

PALM BEACH CHAPTER, INC. Ref. Number: N12000004065

We have received your document for PARENTS, FAMILIES AND FRIENDS OF LESBIANS AND GAYS - PALM BEACH CHAPTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are trying to change the registered agent you must list the new agent and have that person sign the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 719A00001403



March 7, 2019

CAROLE BENOWITZ 5761 DUCKWEED RD LAKE WORTH, FL 33449

SUBJECT: PARENTS, FAMILIES AND FRIENDS OF LESBIANS AND GAYS -

PALM BEACH CHAPTER, INC. Ref. Number: N12000004065

We have received your document for PARENTS, FAMILIES AND FRIENDS OF LESBIANS AND GAYS - PALM BEACH CHAPTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Lisa Smith must sign the acceptance statement not Steven Greenfield.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 819A00004684

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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 statement of change is submitted for a corporation organized under the laws in order to change its registered office or registered agent, or both,	of the State of Florida		
1. The name of the corporation: PARENTS, FAMILIES AND FRIENDS OF LESBIANS	S AND GAYS - PALM BEACH CHAPTER, IN		
2. The principal office address: 5761 Duckweed Rd, Lake Worth	, FL 33449		
3. The mailing address (if different):			
4. Date of incorporation/qualification: May 18, 2012 Document nu	mber: N12000004065		
5. The name and street address of the current registered agent and registered Florida Department of State: (If resigned, enter resigned)	office on file with the		
Steven Greenfield			
6671 E Liseron	19 × 19 × 19 × 19 × 19 × 19 × 19 × 19 ×		
Boynton Beach, FL 33437	APR		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
501 S K STREET	27 OK S		
P.O. Box NOT acceptable LAKE WORTH FL 3-3 460			
The street address of its registered office and the street address of the busin as changed will be identical.	ness office of its registered agent,		
Such change was authorized by resolution duly adopted by its board of direauthorized by the board, or the corporation has been notified in writing of			
	nfield, Secretary		
I hereby accept the appointment as registered agent and agree to act in this I further agree to comply with the provisions of all statutes relative to the performance of my duties, and I am familiar with and accept the obligation agent. Or, if this document is being filed merely to reflect a change in the hereby confirm that the corporation has been notified in writing of this change.	proper and complete 1 of my position as registered registered office address. I		
If signing on benan of an entity:			
USA C Smith			
Typed or Printed Name			

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