7076/6

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: GONZALEZ UTILITIES ASSOCIATI Name of Corporation	ON INCORPORATED
DOCUMENT NUMBER: 707616	
The enclosed Statement of Change of Registered	I Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Donna Lancaster	
Name of Contact Person	
Gonzalez Utilities Associationa	
Firm/Company	•
1590 Old Chemstrand Road	
Address	
Cantonment FL 32533	
City/State and Zip Code	
office@gonzalezutilities.org	
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, p	please call:
Donna Lancaster	968-5434
Name of Contact Person	at (850) 968-5434 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
rananassee, rt. 52514	Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 6 ange is submitted for a corporation organized er to change its registered office or registered	l under the laws of the State of	
1. The name of t	the corporation: Gonzalez Utilities Association	Incorporated	
2. The principal	office address: 1590 Old Chemstrand Road, Ca	antonment FL 32533	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualitication: 7/21/1964	_ Document number:	
	d street address of the current registered agent rtment of State: (If resigned, enter resigned)	t and registered office on tile with the	
	Dawn Newbury - resigned		
	1590 Old Chemstrand Road		<u>.,</u>
	Cantonment FL 32533		돌 -:
6. The name and (if changed):	d street address of the new registered agent (il	f changed) and /or registered office	2021 77 11 1
	Donna Lancaster		<u>::</u> :
	1590 Old Chemstrand Road		9: 23
	P.O. Box NO	T acceptable	-
	Cantonment FL 32533		
The street address changed will	ress of its registered office and the street add I be identical.	ress of the business office of its registered	agent,
	ras authorized by resolution duly adopted by he board, or the corporation has been notific		
	\wedge	ohn Jeremiah, President	
I hereby accept I further agree of my duties, ar document is ber	t the appointment as registered agent and ag to comply with the provisions of all statutes nd I am familiar with and accept the obligat ing filed merely to reflect a change in the re is been notified in writing of this change.	Printed or typed name and title gree to act in this capacity, relative to the proper and complete perior rion of my position as registered agent. Or egistered office address, I hereby confirm to	rmance if this hat the
Doma	Lancaster (Registered Agent	Donna Lancaster 7/8/34	
If signing on be	gnature of Registered Agent chalf of an entity: Typed or Printed Name	Date	- -
·	s processor a trimon training		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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