709049

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Dusiness Fatty Name)			
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COVER LETTER

Amendment Section Division of Corporations

TO:

Name of Corporation	
DOCUMENT NUMBER: 709049	
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Douglas R Reep	
Name of Contact Person	
Seminole Post #9272 Veterans of Foreign Wars of The U	nited States, I
Firm/Company	
10997 72nd Avenue North	
Address	
Seminole, FL 33772	
City/State and Zip Code	
vfw9272@tampabay.rr.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, pleas	e call:
Douglas R Reep	at (727) 422-7474 Area Code & Daytime Telephone Numb
Name of Contact Person	Area Code & Daytime Telephone Numb

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 Tallahassee, FL 32303

CR2E045 (04/13)

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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, 617.05 statement of change is submitted for a corporation orga in order to change its registered office or regis	mized under the laws of the Sta	tte of Florida
1. The name of the corporation: Seminole Post #9272 Ve		
The principal office address: 10997 72nd Avenue North		
3. The mailing address (if different):		
4. Date of incorporation/qualification: May 28, 1965	Document number: 70	9049
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign	agent and registered office on	
Stephen J Ryan		
10997 72nd Ave N		
Seminole, FL 33772		
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registe	red office
John J Carlin		
10997 72nd Ave N		
P.O. B. Seminole, FL 33772	ox NOT acceptable	
The street address of its registered office and the stree as changed will be identical.	t address of the business offic	ee of its registered agent.
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been n	ed by its board of directors or otified in writing of the chang	by an officer so ge.
Senature of an officer or director	Douglas R Reep Commande	
I hereby accept the appointment as registered agent a I further agree to comply with the provisions of all sta of my duties, and I am familiar with and accept the obdocument is being filed merely to reflect a change in t corporation has been notified in writing of this change	nd agree to act in this capaci tutes relative to the proper a digation of my position as reg he registered office address, i	tv. nd complete performance
Adrix Conti	10/28/2024	(2. 62
Signature of Registered Agent If signing on behalf of an entity:	Date	SECUL ARE
Typed or Printed Name * * * FILING F	EE: \$35.00 * * *	PH 2: Y OF ST
MAKE CHECKS PAYABLE TO FL MAIL TO: DIVISION OF CORPORATIONS		TE r 🖺 vi

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