## 709643

(Requestor's Name)
(Negacitor & Marrie)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Central Florida Council Boy Scouts of America, Inc

Name of Corporation

DOCUMENT NUMBER: 709643

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:

## Matthew Ragan

Name of Contact Person

Central Florida Council Boy Scouts of America Inc

Firm/Company

1951 S. Orange Blossom Trail

Address

Apopka, FL 32703-7747

City/State and Zip Code

matt.ragan@cflscouting.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matt Ragan

<sub>.</sub>407 \889-440

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

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this range is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Central Florida Council Boy Scouts of America, Inc	
2. The principal	office address: 1951 South Orange Blossom Trail; Apopka, FL 32703-7747	
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: 09/23/1965 Document number: 709643	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	William Gosselin, ASE (resigned)	
	2748 Logandale Drive	
	2748 Logandale Drive Orlando, FL 32817	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	
	Matthew Ragan, ASE 8	
	1951 S. Orange Blossom Trail	
	P.O. Box NOT acceptable Apopka, FL 32703-7747	
The street address changed will	ress of its registered office and the street address of the business office of its registered agen ll be identical.	t,
Such change was authorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.  RON A. OATS  Registered Agent/CEO  Printed or typed name and title	
I hereby accept I further agree to performance of	t the appointment as registered agent and agree to act in this capacity.  It to comply with the provisions of all statutes relative to the proper and complete  If my duties, and I am familiar with and accept the obligation of my position as registered  his document is being filed merely to reflect a change in the registered office address, I  that the corporation has been notified in writing of this change.	
Matthew	Date  June 28, 2016  gnature of Registered Agent	
If signing on be	ehalf of an entity:	
Matthew	Typed or Printed Name	

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