

710254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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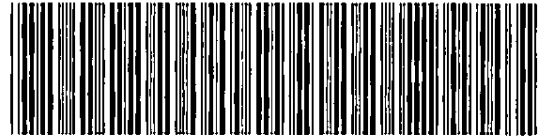
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AUG 14 2019  
T. LEMIEUX

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PUNTA GORDA ISLES CIVIC ASSOCIATION, INC  
Name of Corporation

**DOCUMENT NUMBER:** 710254

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:

A. Jill C. McCrory  
Name of Contact Person

McCrory Law Firm  
Firm/Company

309 Tamiami Trail  
Address

Punta Gorda, FL 33950  
City/State and Zip Code

annualfiling@mccrorylaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny C. Hazel at ( 904 ) 607-7047  
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**

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: PUNTA GORDA ISLES CIVIC ASSOCIATION, INC.
2. The principal office address: 2001 SHREVE ST, PUNTA GORDA, FL 33950
3. The mailing address (if different): 334 WEST OLYMPIA AVE, PUNTA GORDA, FL 33950
4. Date of incorporation/qualification: 01/25/1966 Document number: 710254
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)

REGINA BUCKLEY

2001 S. SHREVE STREET

PUNTA GORDA, FL 33950

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

McCrory Law Firm PL

309 Tamiami Trail

P.O. Box NOT acceptable

Punta Gorda, FL 33950

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.

Regina O. Buckley  
Signature of an officer or director

Regina O. Buckley Executive Director  
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.*

A. Jill C. McCrory  
Signature of Registered Agent

7/30/2019  
Date

If signing on behalf of an entity:

A. Jill C. McCrory

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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