## 

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03/20/24--01003--007 \*\*35.00



## **COVER LETTER**

TO: Amendment Section

Division of Corporations

SUBJECT: Royal Bahamian Association, Inc.

Name of Corporation

POCLIMENT NUMBER: 715026

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:

Steven S. Valancy

Name of Contact Person

Valancy & Reed, P.A.

Firm/Company

310 SE 13 Street

Address

Ft. Lauderdale, Florida 33316

City/State and Zip Code

general@myflalaw.com

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

For further information concerning this matter, please call:

Steven S. Valancy

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

	ons of sections 607.0502, 617 submitted for a corporation o			
•	unge its registered office or re	•	•	
1. The name of the corn	poration: Royal Bahamia	an Association, I	nc.	
	address: 1101 NE Miam			3179
3. The mailing address	(if different):			
4. Date of incorporation	n/qualification: 07/29/196	58 Document r	71502	6
	address of the current register of State: (If resigned, enter res		d office on file wi	CO24 HAR 20
Ferre	er Law Group, PLLC			# <b>HA</b>
2137	N. Commerce Parkv			20
West	ton, FL 33326			
	address of the new registered			PMI2: 07
Valar	ncy & Reed, P.A.			
310 8	SE 13 Street			
	P.O. Box	NOT acceptable		
	Lauderdale, Florida 3			
The street address of its as changed will be ident	registered office and the str tical.	reet address of the bus	iness office of its	registered agent,
Such change was author authorized by the board	rized by resolution duly adop , or the corporation has been	pted by its board of did a notified in writing of	rectors or by an c	officer so
Melace Signature of an off	4-	NEKK	DAM M	ECAMED
I hereby accept the appe I further agree to compl performance of my dutic agent. Or, if this docum	ointment as registered agent ly with the provisions of all es, and I am familiar with an eart is being filed merely to corporation has been notific	t and agree to act in the statutes relative to the ad accept the obligation reflect a change in the ed in writing of this ch	nis capacity. proper and compon of my position registered office ange.	olete as registered address, I
		l	13 -11 - 24 Date	1
	egistered Agent		Date	(
If signing on behalf of a	n entity:			
Steven S. Valance				
Typed or Prin	NEW INDIE			

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

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314