719459

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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations Polk County Builders Association, Inc. Name of Corporation **DOCUMENT NUMBER:** 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: Cathy Case Name of Contact Person Polk County Builders Association, Inc. Firm/Company 2322 Heritage Dr Address Lakeland, FL 33801 City/State and Zip Code cathyc@pcba.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cathy Case Name of Contact Person

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	ange is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida	
	· · · · · ·	istered agent, or both, in the State of Florida.	
1. The name of the corporation: Polk County Builders Association 2. The principal office address: 2232 Heritage Dr, Lakeland, FL 32801			
2. The principal	I office address: 2232 Heritage L	7, Lakeland, FL 32001	
3. The mailing a	address (if different): same as abo	ove	
4. Date of incor	poration/qualification: 10/7/1970	Document number: 719459	
	d street address of the current registered artment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)	
	Karen Hudson		
	2232 Heritage Dr		
	Lakeland, FL 32801	· · · · · · · · · · · · · · · · · · ·	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Cathy Case	O 1 	
	2232 Hertiage Dr	IOT acceptable	
	Lakeland, FL 32801	OT acceptable	
The street addr	ress of its registered office and the stre	et address of the business office of its registered agent,	
Such change w		ted by its board of directors or by an officer so notified in writing of the change.	
//// ,	ute of an officer of diffestor	Mark Hulbert, President	
I ' I hereby accept I further agree performance of	t the appointment as registered agent of to comply with the provisions of all st f my duties, and I am familiar with and	**	
Carh	n Case	April 2, 2019	
Sig	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity;		
Cathy Cas			
Т	Typed or Printed Name		

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)

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