

725706

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DIVISION OF CORPORATIONS
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T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MYAKKA VALLEY RANCHES IMPROVEMENT ASSOCIATION
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:

DAVID HODGKINSON
Name of Contact Person

Firm/Company

7020 MYAKKA VALLEY TRAIL
Address

SARASOTA FL 34241
City/State and Zip Code

davidhodgkinson@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Hodgkinson at (941) 927-5936
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2013

DAVID HODGKINSON
7020 MYAKKA VALLEY TRAIL
SARASOTA, FL 34241

SUBJECT: MYAKKA VALLEY RANCHES IMPROVEMENT ASSOCIATION, INC.
Ref. Number: 725706

We have received your document for MYAKKA VALLEY RANCHES IMPROVEMENT ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown
Regulatory Specialist II

Letter Number: 213A00013269

**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: MYAKKA VALLEY RANCHES IMPROVEMENT ASSOCIATION INC
2. The principal office address: PO Box 21463 5537 Old Ranch Road
SARASOTA, FLORIDA 34226 34241
3. The mailing address (if different): PO Box 21463
SARASOTA, FLORIDA 34276
4. Date of incorporation/qualification: 3/2/1973 Document number: 725706
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)

JACKIE RIZZI
5537 Old Ranch Road
SARASOTA FL 34241

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

DAVID HODGKINSON
7020 MYAKKA VALLEY TRAIL
P.O. Box NOT acceptable
SARASOTA FLORIDA 34241

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.

Robert Chenard
Signature of an officer or director

Robert Chenard President
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.

[Signature]
Signature of Registered Agent

5/17/2013
Date

If signing on behalf of an entity:

DAVID HODGKINSON
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
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DIVISION OF CORPORATIONS
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