

726448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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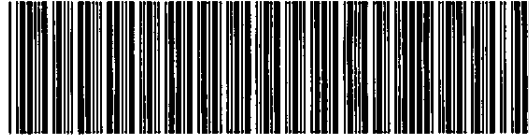
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Chester Mckay Post 7987

Name of Corporation

**DOCUMENT NUMBER:** 726448

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:

Jacobs, Lawrence

Name of Contact Person

Chester Mckay VFW post 7987

Firm/Company

7445 Chester Mckay Dr

Address

New Port Richey FL 34655

City/State and Zip Code

post7987@flvfw.org

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

For further information concerning this matter, please call:

Lawrence Jacobs

Name of Contact Person

at ( 727 ) 376-3502

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 Fla in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CHESTER McKay Post 7987 Veterans of Foreign Wars of the UNITED STATES INC  
2. The principal office address: 7445 CHESTER MCKAY DR  
NEW PORT RICHEY FL 34655  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: 726448

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)

BARRERO PETER JR  
7445 CHESTER MCKAY DR  
NEW PORT RICHEY FL 34655

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

JACOBS LAWRENCE  
7445 CHESTER MCKAY DR  
NEW PORT RICHEY FL 34655

P.O. Box NOT acceptable

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.

Lawrence Jacobs  
Signature of an officer or director

LAWRENCE JACOBS  
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.

Lawrence Jacobs  
Signature of Registered Agent

LAWRENCE JACOBS  
Date

If signing on behalf of an entity:

LAWRENCE E. JACOBS  
Typed or Printed Name

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