

728932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

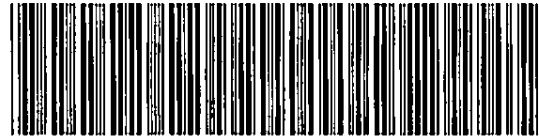
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/31/17--01009--002 **35.00

2017 AUG 31 AM 10:50

SEP 03 2017

C. MCNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: South Brevard Sharing Center, Inc.
Name of Corporation

DOCUMENT NUMBER: 728932

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:

Tom Druckenmiller

Name of Contact Person

South Brevard Sharing Center, Inc.

Firm/Company

17 E. Hibiscus Blvd.

Address

Melbourne, FL 32901

City/State and Zip Code

tomd@mysbsc.org

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

For further information concerning this matter, please call:

Tom Druckenmiller

Name of Contact Person

at (321) 727-8581

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

2019 AUG 31 AM 10:58
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

**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: South Brevard Sharing Center, Inc.
2. The principal office address: 17 E. Hibiscus Blvd,
Melbourne, FL 32901
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 11/21/1975 Document number: 728932
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)

Joseph Kline

17 E. Hibiscus Blvd.

Melbourne, FL 32901

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

Keri Donald

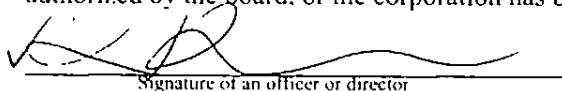
17 E. Hibiscus Blvd.

P.O. Box NOT acceptable

Melbourne, FL 32901

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

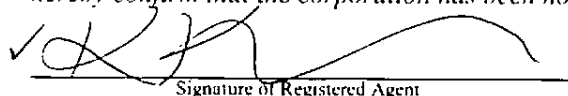
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Keri Donald

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 of Registered Agent

08/23/2017

Date

If signing on behalf of an entity:

Keri Donald

Typed or Printed Name

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