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COVER LETTER

SUBJECT: Northern Palm Beach County Chamber of Commerce, In Name of Corporation DOCUMENT NUMBER: 733637 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: Awy Works Name of Contact Person Northern Palm Beach County Chamber Firm/Company of Commerce, Mc. Ban N. Us Highway One Address Jupiter, FL 33477 City/State and Zip Code Awy Chamber Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is \$35.00 cleck made payable to the Department of State. Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations	TO: Amendment Section Division of Corporations	
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: Any Works Name of Contact Person Northern Palm Beach Count Chamber Firm/Company of Continuence, Inc. Bon N. Us Highway One Address: Andress: Area Code & Daytime Telephone Number Enclosed is \$35.00 cleck made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section	SUBJECT: Northern Palm Beach C Name of Corp	Sounty Chamber of Commerce, Inc.
Please return all correspondence concerning this matter to the following: Any Works Name of Contact Person Northern Palm Beach Count Chember Firm/Company of Continuence, Inc. BON. US Highway One Address: Language TL 33477 City/State and Zip Code Amy Conductor annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section	DOCUMENT NUMBER: 733637	
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For further information concerning this matter, please call: 1		• -
For further information concerning this matter, please call: 1	Jupiter, FL City/State and 2	33477 Zip Code
Name of Contact Person at (Slo1) 748-3948 Area Code & Daytime Telephone Number Enclosed is \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section	E-mail address: (to be used for futu	namber. Com ure annual report notification)
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Mailing Address: Amendment Section Street Address: Amendment Section	Name of Contact Person	at (Slo1) 748-3948 Area Code & Daytime Telephone Number
	Enclosed is \$35.00 check made payable to the Departme	ent of State.
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	Division of Corporations P.O. Box 6327	Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32301

TO:

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.
1. The name of the corporation: Northern Palm Beach County Chamber of Commerce
2. The principal office address: 800 N. US Highway On Inc
3. The mailing address (if different):
4. Date of incorporation/qualification: 40/1/2007 Document number: 733037
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)
Ed Chase
800 N. US Highway One
Jupiter, FL
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Beth Kigel
800 N. US Highway One PO. Box NOT acceptable 1 100 Jer F. J. 3347
<u> </u>
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.
GREG GREH, CHAIRMAN Signature of an officer or director 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.
Box RX 9/18/12
Signature of Registered Agent Date If signing on behalf of an entity:

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

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733037

FILED Apr 17, 2012 Secretary of State

Entity Name: NORTHERN PALM BEACH COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

New Principal Place of Business:

800 N US HWY ONE

JUPITER, FL 33477 US

Current Mailing Address:

New Mailing Address:

800 N US HWY ONE JUPITER, FL 33477 US

FEI Number: 59-1001660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHASE, ED 800 N US HWY ONE JUPITER, FL 33477 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title:

Name: Address: LEACH, GREG 5300 EAST AVENUE

City-St-Zip: WEST PALM BEACH, FL 33407 US

Title:

Name: NASON, NATHAN

Address: 1645 PALM BEACH LAKES BLVD, SUITE 1200

WEST PALM BEACH, FL 33401 US City-St-Zip:

Title:

MOBBERLY, NANCY Name:

601 HERITAGE DRIVE, SUITE 154 Address:

City-St-Zip: JUPITER, FL 33458 US

Title:

Name: Address: City-St-Zip:

KISELEWSKI, DONALD 700 UNIVERSE BLVD. JUNO BEACH, FL 33408 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREG LEACH

С

04/17/2012