

734459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

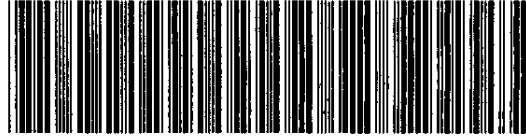
(Business Entity Name)

(Document Number)

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SECRET  
DIVISION OF CORPORATIONS

MAY - 4 2016

C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The American Legion, North Port Post #254, inc.  
Name of Corporation

**DOCUMENT NUMBER:** 734459

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:

Angelo Felicita  
Name of Contact Person

American Legion Post #254  
Firm/Company

6648 Tanyetown st.  
Address

North Port, FL 34291  
City/State and Zip Code

americanlegionnorthport@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Skip (Angelo) Felicita at (941) 423-7311  
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

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

1. The name of the corporation: The American Legion, North Port Post #2541, inc.

2. The principal office address: 6648 Tanigetaown St., North Port, FL.  
34291

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 12/02/1975 Document number: 734459.

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)

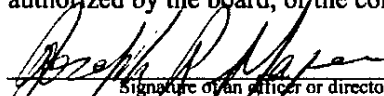
Dennis Walsh, Comm. resigned  
2580 Allegheny Lane  
North Port, FL. 34286

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

Angelo Felicita  
6931 Willow Creek Circle Apt. 105  
P.O. Box NOT acceptable  
North Port, FL. 34287.


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

COMMANDER JOSEPH R. MAREE  
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

4-28-16  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

FILED  
STATE  
DIVISION OF CORPORATIONS  
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