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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Polish American Social Club

Name of Corporation

DOCUMENT NUMBER. 737598

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:

Roger D. Napier

Name of Contact Person

Polish American Social Club

Firm/Company

343 NW Prima Vista Blvd

Address

Port Saint Lucie FL 34983

City/State and Zip Code

cynrog15@gmail.com

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

For further information concerning this matter, please call:

Roger D. Napier

,772 \539-2740

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

$^{\circ}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organi er to change its registered office or registe	ized under the laws of the State o	f Florida
	the corporation: Polish American S	-	j rioriaa.
2. The principal	office address: 343 NW Prima Vist	ta Blvd	
	address (if different): SAME		
4. Date of incorp	poration/qualification: 12/21/1976	Document number: 7375	598
	d street address of the current registered ag rtment of State: (If resigned, enter resigned		with the
	Brodzinski, John		
	321 Alana Ave		
	Port Saint Lucie FL 34986	incapable of duties	- <u>}</u>
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered	office T
	Napier, Roger Dale		
	514 NW Azine Avenue		
	P.O. Box NOT a Port Saint Lucie FL 34983	acceptable	24 -
The street addre	ess of its registered office and the street a l be identical.	address of the business office of	its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by a ified in writing of the change.	n officer so
Sachara Signatu	See ce hou director	Barbara Swierkowski,	
I further agree of performance of agent. Or, if the	t the appointment as registered agent and to comply with the provisions of all statu I my duties, and I am familiar with and ac his document is being filed merely to refle that the corporation has been notified in	l agree to act in this capacity, tes relative to the proper and co except the obligation of my positi ct a change in the registered of	
400	gnature of Registered Agent	5/20/2017	·
	chalf of an entity:	Daic	
T	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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