

740383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Palm Beach Sail & Power Squadron  
Name of Corporation

**DOCUMENT NUMBER:** 740383

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:

Roberta Stephens

Name of Contact Person

Palm Beach Sail & Power Squadron

Firm/Company

304 Golfview Rd PH8

Address

North Palm Beach, FL 33408

City/State and Zip Code

steplee@bellsouth.net

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

For further information concerning this matter, please call:

Roberta Stephens

Name of Contact Person

at ( 561 )

694-2992

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Palm Beach Sail & Power Squadron, Inc.
2. The principal office address: 1125 Old Dixie Hwy Suite 1  
Lake Park, Florida 33403
3. The mailing address (if different): 304 Golfview Rd PH8 North Palm Beach, FL 33408
4. Date of incorporation/qualification: 11/20/44 Document number: 740383
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)

Joyce Newman

336 Golfview Rd #804

North Palm Beach, FL 33408

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

Roberta Stephens

304 Golfview Rd PH8

P.O. Box NOT acceptable

North Palm Beach, FL 33408

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.

Roberta Stephens  
Signature of an officer or director

Roberta Stephens, Treasurer

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.*

Roberta Stephens  
Signature of Registered Agent

January 20, 2020

Date

If signing on behalf of an entity:

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

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)