

743139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T. LEMIEUX
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of Corporation Officers
Name of Corporation

DOCUMENT NUMBER: 743139

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:

Stephen J. Gorey

Name of Contact Person

Safety Harbor Post No. 10093

Firm/Company

965 Harbor Lake CT.

Address

Safety Harbor FL. 34695

City/State and Zip Code

vpost10093@tampabay.rr.com

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

For further information concerning this matter, please call:

John Walton

Name of Contact Person

at (⁷²⁷⁻²⁰⁴⁸¹³² 727-729-6436)

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

RECEIVED

14 APR 14 AM 8:53



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2014

STEPHEN J GOREY
965 HARBOR LAKE CT
SAFETY HARBOR, FL 34695

SUBJECT: SAFETY HARBOR POST NO. 10093, VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.
Ref. Number: 743139

We have received your document for SAFETY HARBOR POST NO. 10093, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We only need one registered agent. Please decide which person you want to act as registered agent and remove the other person you have listed.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 914A00006601

**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: Safety Harbor Post NO. 10093
2. The principal office address: 965 Harbor Lake Ct. Safety Harbor FL.34695
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/06/1978 Document number: 743139
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)

Robert H. Davis 1379 Mission Hills Blvd. Clearwater FL. 33759 Resigned

Christopher Hanson 25 Irwin St. W. Safety Harbor FL. 34695 Resigned

Samuel Gaduitan Parker 3143 Duane Ave. Oldsmar FL. 34677 Resigned

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

Stephen J. Gorey 2383 Netherlands Dr. Apt. 29 Clearwater FL. 33763

P.O. Box NOT acceptable

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

Stephen J. Gorey Comm.
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

03/24/2014

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 (03/12)

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