755608

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| TO: | Amendment Section Division of Corporations |
|--------------|---|
| SUBJ Name | ECT: MERRITT ISLAND COOPERATIVE HOUSING ASSOCIATION of Corporation |
| DOC | JMENT NUMBER: 755608 |
| The er | closed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | rly S. Idol of Contact Person |
| Firm/C | Company |
| | Island Cooperative Housing Association |
| Addre | SS |
| | Banana River Drive Merritt Island FL 32952 |
| City/S | tate and Zip Code |
| | MERRITTINC@BELLSOUTH.NET |
| E-mai | l address: (to be used for future annual report notification) |
| | ther information concerning this matter, please call: |
| KIMB | ERLY IDOL at (321) 453-1772 Name of Contact Person Area Code & Daytime Telephone Number |
| | Name of Contact Person Area Code & Daytime Telephone Number |
| Enclos | ed 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

Amendment Section **Division of Corporations** The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/L3)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida. | |
|--|--|------------------|
| 1. The name of t | the corporation: Merritt Island Cooperative Housing Association | |
| | office address: 235 N Banana River Drive Merritt Island FL 32952 | _ |
| 3. The mailing a | address (if different): | _ |
| 4. Date of incorp | poration/qualification: 1219 198D Document number: 755608 | |
| | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned) | |
| | Janet Mikkelsen-Resigned | |
| | 235 N Banana River Dr 292 Merritt Island FL 32952 SFR | |
| | Merritt Island FL 32952 | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | ;;;] |
| | Kimberly S. Idol ω | |
| | 235 N Banana River Dr | |
| | P.O. Box NOT acceptable | |
| | Merritt Island FL 32952 | |
| The street address changed will | ess of its registered office and the street address of the business office of its registered agen I be identical. | ıt, |
| Such change was authorized by the | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. | |
| 1 1 1 | change of the director conditions of the directo | - |
| I hereby/accept I further agree of my duties, an document is bel corporation has | t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performan nd I am familiar with and accept the obligation of my position as registered agent. Or, if th ing filed merely to reflect a change in the registered office address, I hereby confirm that th is been notified in writing of this change. | ice nis he |
| | gnature of registered Agent 8/31/21 Date | - |
| If signing on be | ehalf of an entity: | |
| Kimb | Typed or Printed Name | |

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