

760564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

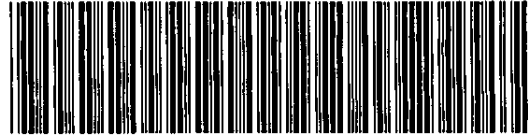
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900270591139

03/16/15--01035--015 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR 16 PM 12:47

MAR 19 2015
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coastal Florida Police Benevolent Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 760564

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:

Michael Scudiero

Name of Contact Person

Coastal Florida P.B.A., Inc.

Firm/Company

810 Fentress Court Suite 150

Address

Daytona Beach, FL 32117

City/State and Zip Code

mscudiero@cfpba.us

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

For further information concerning this matter, please call:

greg forhan

Name of Contact Person

at (**386**) **304-2393**

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

1. The name of the corporation: Coastal Florida Police Benevolent Association, Inc.
2. The principal office address: 180 Fentress Court, Suite 150, Daytona Beach, FL 32117
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01-30-86 Document number: 760564
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)

Vincent L. Champion

810 Fentress Court, Suite 150

Daytona Beach, FL 32117

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

Kimberley Kilpatrick

810 Fentress Court, Suite 150

P.O. Box NOT acceptable

Daytona Beach, FL 32117

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

Vincent L. Champion, President

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

March 6, 2015

Date

If signing on behalf of an entity:

Not Applicable

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR 16 PM 12:47