

764675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

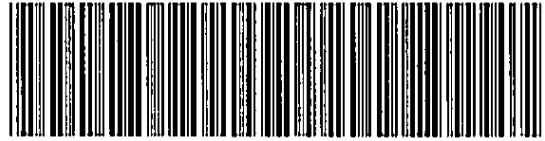
(Business Entity Name)

(Document Number)

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2021 SEP 28 AM 7:51

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ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BOMA Orlando, Inc.
Name of Corporation

DOCUMENT NUMBER: 764675

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:

Joe Grimes, Executive Director
Name of Contact Person
BOMA Orlando, Inc.
Firm/Company
1615 Snapper Street
Address
Saint Cloud, FL 34771
City/State and Zip Code
boma@bomaorlando.org

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

For further information concerning this matter, please call:

Joe Grimes at (407) ~~407~~ 380-3320
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 SEP 28 AM 11:18

September 19, 2021

JOE GRIMES
1615 SNAPPER STREET
SAINT CLOUD, FL 34771

SUBJECT: BOMA ORLANDO, INC.
Ref. Number: 764675

We have received your document for BOMA ORLANDO, 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):

The registered agent must sign accepting the designation.

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 521A00022595

Signed 09.24.21

see attached —

J. Grimes

**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: BOMA Orlando, Inc.
2. The principal office address: 1615 Snapper Street, Saint Cloud, FL 34771
3. The mailing address (if different): PO Box 568156, Orlando FL 32856
4. Date of incorporation/qualification: 08-24-82 Document number: 764675
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)

Allyson Peters (RESIGNED)

4108 Bounce Drive

Orlando, FL 32812

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

Joseph
Joe Grimes, Executive Director

1615 Snapper Street

P.O. Box NOT acceptable

Saint Cloud, FL 34771

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.

Joseph W. Grimes
Signature of an officer or director

Joseph W. Grimes, Executive Director

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.

Joseph W. Grimes
Signature of Registered Agent

08-26-21

Date

If signing on behalf of an entity:

BOMA Orlando, Inc.

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)

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