765 702

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

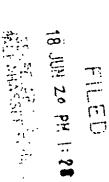
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JUN 21 2018



RA, CA



May 31, 2018

DARLENE VANRIPER
MARTIN COUNTY TAXPAYER'S ASSOCIATION, IN
PO BOX 741
STUART, FL 34995

SUBJECT: MARTIN COUNTY TAXPAYER'S ASSOCIATION, INC.

Ref. Number: 765702

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 418A00011280

RECEIVER 18 JUN 20 ANTHE 36 SECRETARY OF START

COVER LETTER

Division of Corporations Change of Registered Agent Name of Corporation

DOCUMENT NUMBER

Amendment Section

TO:

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:

Darlene VanRiper Name of Contact Person Martin County Taxpayers Association, Inc. Firm/Company PO Box 741 Address Stuart, FL 34995

City/State and Zip Code

mctaxpayers1950@gmail.com

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

For further information concerning this matter, please call:

Darlene VanRiper

772 285-7447
Area Code & Daytime Telephone Number

Name of Contact Person

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

statement of cha	provisions of sections 607.0502, 617.0502, inge is submitted for a corporation organize r to change its registered office or registere		
1. The name of t	he corporation: Martin County Taxp	payers Association, Inc	
2. The principal	office address: 9056 SE Karin Stre	et	
	Hobe Sound, FL 3		
3. The mailing a	ddress (if different): PO Box 741		
<u> </u>	Stuart, FL 349	95	
4. Date of incorp	poration/qualification: 11.09.1982	Document number: 765702	
Florida Depar	I street address of the current registered age tment of State: (If resigned, enter resigned))	
	Resigned - Geisinge	C, Kichard Charles, Jr	
	2336 S.	¿ Ocean Blud # 339	
	Stvart,	Chard Charles, Jr E Ocean Blvd # 339 FL 34996	
6. The name and (if changed):	I street address of the new registered agent	(in changed) and /or registered office 2	
	Darlene VanRiper 9056 SE Karin Street		
	9056 SE Karin Street P.O. Box NOT acceptable		
	Hobe Sound, FL 33455		
		dress of the business office of its registered agent. y its board of directors or by an officer so	
authorized byth	^		
Signitur	reof an officer or director	Tom Kenny, President Printed or typed name and title	
I further agree to performance of i agent. Or, if thi,	the appointment as registered agent and a comply with the provisions of all statute my duties, and I am familiar with and access document is being filed merely to reflect that the corporation has been notified in w	igree to act in this capacity. It relative to the proper and complete to obligation of my position as registered to change in the registered office address, I	
dla le	re Vanderee	May 22, 2018	
- Charles	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Ту	ped or Printed Name		

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