

765702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUN 21 2018

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18 JUN 20 PM 1:28
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Change of Registered Agent**

Name of Corporation

DOCUMENT NUMBER: **765702**

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

Name of Contact Person

at (**772**) **285-7447**

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: Martin County Taxpayers Association, Inc
2. The principal office address: 9056 SE Karin Street
Hobe Sound, FL 33455
3. The mailing address (if different): PO Box 741
Stuart, FL 34995
4. Date of incorporation/qualification: 11.09.1982 Document number: 765702
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)

Resigned - Geisinger, Richard Charles, Jr.
2336 S.E. Ocean Blvd # 339
Stuart, FL 34996

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

Darlene VanRiper

9056 SE Karin Street

P.O. Box NOT acceptable

Hobe Sound, FL 33455

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

Tom Kenny, 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

May 22, 2018

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

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TALLAHASSEE, FL