

767392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

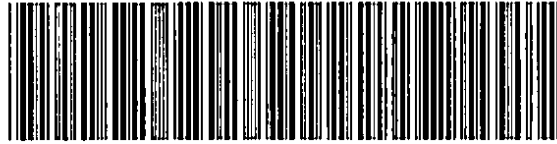
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

NOV 3 2021
S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPRUCE CREEK MUSICAL PERFORMING ARTS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 767392

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:

Tammy Young
Name of Contact Person
SPRUCE CREEK MUSICAL PERFORMING ARTS ASSOCIATION
Firm/Company
P.O. BOX 290572
Address
PORT ORANGE, FL 32129
City/State and Zip Code

president@creekband.org

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

For further information concerning this matter, please call:

Tammy Young at (386) 453-9954
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

**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: SPRUCE CREEK MUSICAL PERFORMING ARTS ASSOCIATION, INC.
2. The principal office address: ATT: BAND PARENTS ASSOC. 801 TAYLOR ROAD
PORT ORANGE, FL 32127
3. The mailing address (if different): P.O. BOX 290572 PORT ORANGE, FL 32129
4. Date of incorporation/qualification: 03/09/1983 Document number: 767392
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)

Robert Bosma (RESIGNED)

801 TAYLOR ROAD SPRUCE CREEK HIGH

PORT ORANGE, FL 32127

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

David C. Martin

801 TAYLOR ROAD SPRUCE CREEK HIGH

P.O. Box NOT acceptable

PORT ORANGE, FL 32127

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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.

Tamara C. Young
Signature of an officer or director

Tamara C. Young
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]
Signature of Registered Agent

10/5/21
Date

If signing on behalf of an entity:

David C Martin
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)