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COVER LETTER

TO: Amendment Section Division of Corporations MARTIN COUNTY BAR ASSOCIATION, INC. SUBJECT: Name of Corporation 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: ADAM G. SCHWARTZ Name of Contact Person MARTIN COUNTY BAR ASSOCIATION, INC Firm/Company 8073 SE WOODLAKE LANE Address HOBE SOUND, FL 33455 City/State and Zip Code EXECDIR@MARTINCOUNTYBAR.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ADAM SCHWARTZ 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

Amendment Section
Division of Corporations

Street Address:

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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.
The name of the corporation: Martin County Bar Association, Inc. The principal office address: 8073 SE Woodlake Lane, Hobe Sound, FL 33455
3. The mailing address (if different): PO Box 2197, Stuart, FL 34994
4. Date of incorporation/qualification: 03/10/1983 Document number: 767400
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)
Elizabeth R. Hunter
815 SE Osceola Street Stuart, FL 34994
Stuart, FL 34994
6. The name and street address of the new registered agent (if changed) and /or registered of fice (if changed):
Adam G. Schwartz
c/o Martin County Bar Association
P.O. Box NOT acceptable 8073 SE Woodlake Lane, 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.
Adam G. Schwartz, Treasurer Signature of an officer or 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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Adam Schwartz 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)