

768992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

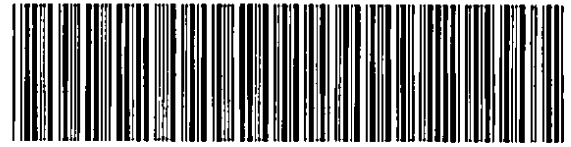
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN - 6 2019

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **HITCHING POST CO-OP INC.**

Name of Corporation

DOCUMENT NUMBER: **768992**

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:

Sharon A Soloman

Name of Contact Person

Hitching Post Co-op Inc.

Firm/Company

32 Cheyenne Trail

Address

Naples, FL 34113

City/State and Zip Code

hitchingpostcoopinc@gmail.com

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

For further information concerning this matter, please call:

Sharon A Soloman

Name of Contact Person

at **239 774-4525**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2019

SHARON A. SOLOMAN
32 CHEYENNE TRAIL
NAPLES, FL 34113

SUBJECT: HITCHING POST CO-OP, INC.
Ref. Number: 768992

We have received your document for HITCHING POST CO-OP, 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):

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 719A00010110

RECEIVED

2019 JUN -3 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Hitching Post Co-op Inc.
2. The principal office address: 32 Cheyenne Trail, Naples, FL 34113

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6-20-1983 Document number: 768992

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)

Donald Smith

32 Cheyenne Trail
Naples FL 34113

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

Charlene Delaney

32 Cheyenne Trail

P.O. Box NOT acceptable

Naples, FL 34113

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.

Richard O Eskridge
Signature of an officer or director

Richard O Eskridge 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.

Charlene Delaney
Signature of Registered Agent

5/3/14
Date

If signing on behalf of an entity:

Charlene Delaney
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)

2019 JUN -3 PM 3:05