F090000003969

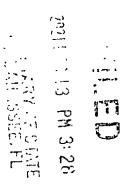
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
. ,				
PICK-UP WAIT MAIL				
(Dusiness Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300377654083

12/15/21--01018--018 *+35.00



Y SULKER DEC 28 2021

COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT: ASSOCIATION OF AMERITECH/SBC RETIREES, INC. Name of Corporation DOCUMENT NUMBER: F09000003968 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: DALE JENSEN Name of Contact Person ASSOCIATION OF AMERITECH/SBC RETIREES, INC. Firm/Company 30 SPORTSMAN PL. Address ROTONDA WEST, FL 33947 City/State and Zip Code djensen000@ameritech.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DALE JENSEN Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of c	hange is submitted for a corporation	17.0502, 607.1508, or 617.1508. Florida Statutes, t organized under the laws of the State of $\overline{ ext{ILLINOIS}}$	
		registered agent, or both, in the State of Florida.	
1. The name of	of the corporation: ASSOCIATION O	F AMERITECH/SBC RETIREES, INC.	
2. The princip	pal office address: 30 SPORTSMAN Pl	L. ROTONDA WEST. FL 33947	
3. The mailing	g address (if different): PO BOX 1103	55. CLEVELAND, OH 44111	
4. Date of inco	orporation/qualification: 05/21/2003	Document number: F0900003968	
	and street address of the current regist partment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)	
	STEWART SAVAGE		
	6719 WINKLER #121		
	FORT MYERS, FL 33919		
6. The name a (if changed)		ed agent (if changed) and /or registered office	13 PH 3: 28
	DALE JENSEN	1,12 <u>5</u> 11,125	P
	30 SPORTSMAN PL	into:	بَ ۗ
		P.O. Box NOT acceptable	27
	ROTONDA WEST, FL 33947		•
The street add as changed wi	dress of its registered office and the ill be identical.	street address of the business office of its register	ed agent.
Such change vauthorized by	was authorized by resolution duly ac the board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	0
1 laux	XDAADAA /	DALE JENSEN	
Siffun	agaire of an officer or director	Printed or typed name and title	
i juriner agrec of my duties, c document is b	pt the appointment as registered age to comply with the provisions of a and I am familiar with and accept the peng filed merely to reflect a change as seen notified in writing of this cl	It statutes relative to the proper and complete per ie obligation of my position as registered agent. (c) in the registered office address. I hereby confirm	Jormance Or, if this n that the
Mili	SOMARIN	December 9, 2021	
	Sign ture of Registered Agent	Date	
If signing on t	behalf of an entity:		
	Typed or Printed Name		
		G FEE: \$35.00 * * *	
		CF 1 1/1/ QUE/OU	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)