

N00000000 2908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

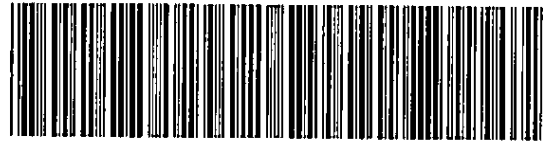
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2019 MAY 6 A 11:32
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2019 MAY 6 A 11:32

FILED

T. LEMIEUX

MAY 17 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sebastian River Area Chamber of Commerce, Inc.

Name of Corporation

DOCUMENT NUMBER: N00000002908

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:

Anthony M. Donini, CPA

Name of Contact Person

Anthony M. Donini, CPA, PA

Firm/Company

1623 US Hwy 1, Suite B-4

Address

Sebastian, FL 32958

City/State and Zip Code

abatchelor@sebastianchamber.com

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

For further information concerning this matter, please call:

Amber Batchelor

Name of Contact Person

at **(772) 589-5969**

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

RECEIVED

2019 MAY 15 PM 12:15

STATE OF FLORIDA
TALLAHASSEE, FL

**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: Sebastian River Area Chamber of Commerce
2. The principal office address: 700 Main Street, Sebastian, FL 32958
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 02/18/1958 Document number: N00000002908
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)
VANDEVOORDE, RENE' G
1327 NORTH CENTRAL AVE.
SEBASTIAN, FL 32958

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

Anthony M. Donini, CPA

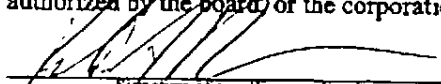
1623 US Hwy 1, Suite B-4

P.O. Box NOT acceptable

Sebastian, FL 32958

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.

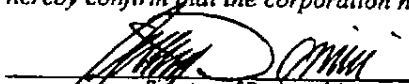


Signature of an officer or director

Bob Morgan - Chair, Board of Directors

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

05/01/2019

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
CR2E045 (03/12)