

*Handwritten signature*

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700316431367

08/01/18--01015--004 \*\*35.00

FILED  
18 AUG -1 PM 12:39  
STATE  
CLERK

*Handwritten signature*

R. WHITE  
AUG 08 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Port Everglades Association PAC, Inc.  
Name of Corporation

DOCUMENT NUMBER: N00000004982

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:

Eileen Maloney-Simon

Name of Contact Person

Port Everglades Association PAC

Firm/Company

1850 Eller Drive, Suite 405

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

eileen@portbiz.org

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

For further information concerning this matter, please call:

Eileen Maloney-Simon at 954 463-2801

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Port Everglades Association PAC, Inc.
2. The principal office address: 1850 Eller Drive, Suite 405  
Fort Lauderdale, FL 33316
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 7/31/2000 Document number: N00000004982

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)

Resigned

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

Lori Baer

1850 Eller Drive, Suite 405

P.O. Box NOT acceptable

Fort Lauderdale, FL 33316

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.

Lori Baer  
Signature of an officer or director

Lori Baer, Executive 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.*

Lori Baer  
Signature of Registered Agent

July 30, 2018

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)

FILED  
18 AUG - 1 PM 12:39  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS