

N00169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

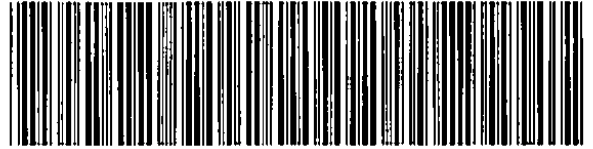
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

A. Butler
9/10/21

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BROWARD COUNTY CHAPTER NATIONAL ASSOCIATION OF WOMEN BU:
Name of Corporation

DOCUMENT NUMBER: N00169

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:

GINA CADOGAN, ESQ.

Name of Contact Person

CADOGAN LAW

Firm/Company

300 S. PINE ISLAND ROAD, SUITE 107

Address

PLANTATION, FL 33324

City/State and Zip Code

GINA@CADOGANLAW.COM

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

For further information concerning this matter, please call:

GINA CADOGAN

Name of Contact Person

at (954) 606-5891

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: BROWARD COUNTY CHAPTER NATIONAL ASSOCIATION OF WOMEN B

2. The principal office address: 300 S. PINE ISLAND ROAD, SUITE 107, PLANTATION, FL 33324

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/05/1983 Document number: N00169

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)

CADOGAN, GINA

11033 NW 13TH COURT

CORAL SPRINGS, FL 33071

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

GINA CADOGAN, ESQ.

300 S. PINE ISLAND ROAD, SUITE 107

P.O. Box NOT acceptable

PLANTATION, FL 33324

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.

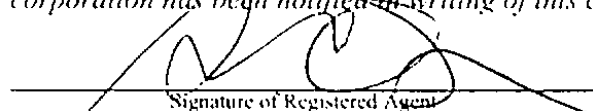


Signature of an officer or director

GINA CADOGAN, 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.



Signature of Registered Agent

8/24/21

Date

If signing on behalf of an entity:

GINA CADOGAN

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 (04/13)