## N01000008640

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SECRETARY OF STATE

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Whispering Creek Co-Op, Inc.
Name of Corporation

DOCUMENT NUMBER: NO1000008640

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:

Lance Clouse, Esq.

Name of Contact Person

Becker & Poliakoff, P.A.

Firm/Company

401 SE Osceola, First Floor

Address

Stuart, FL 34994

City/State and Zip Code

Iclouse@bplegal.com

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

For further information concerning this matter, please call:

Lance Clouse, Esq.

,,772 286-2990

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Whispering Creek Co-Op, Inc.
2. The principal	office address: 2023 St. Lucie Blvd. , FL 34946
3. The mailing a	ddress (if different): Same
4. Date of incorp	poration/qualification: 12/11/2011 Document number: N0100008640
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Charles W. McKinnon, Esq.
	3055 Cardinal Dr. 302
	Vero Beach, FL 32963
6. The name and (if changed):	Becker & Poliakoff, P.A. / Lance Clouse, Esq  401 SE Osceola Street
	Becker & Poliakoff, P.A. / Lance Clouse, Esq
	401 SE Osceola Street
	401 SE Osceola Street  P.O. Box NOT acceptable  Stuart, FL 34994
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
R:1.3	Conser Brocker President  Resident  Resident
I further agree to performance of agent. Or if the	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
WCres	nature of Registered Agent Date
If signing on be	half of an entity:
Lance (	yped or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*