NO2000000989

(Requ	estor's Name)	
(Addre	255)	
(Addre	ess)	
(City/S	State/Zip/Phone #)	
PICK-UP		
(Busin	ess Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



01/17/20--01012--009 ** 85.00

FILED 2020 JAN 17 PM 4: 02 SECTION SYSTEM OF 10:



FEB 1 3 2020

COVER LETTER

TO: Amendment Section Division of Corporations

SOUTHEAST FLORIDA TRAIL RIDERS INC.

Name of Corporation

DOCUMENT NUMBER: N0200000989

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:

KIMBERLY CAMPBELL

Name of Contact Person

Firm/Company 701 Florida Mango Rd.

Address

West Palm Beach, FL 33406

City/State and Zip Code

SEFTR35@yahoo.com

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

For further information concerning this matter, please call:

KIMBERLY CAMPBELL at (<u>561</u>) 723-5711 Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> 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

CR2E045 (04/13)

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

1. The name of	the corporation. Southeast Florida Trail Riders Inc.		
2. The principal	office address: 2240 Palm Beach Lakes Blvd., Suite 200		•••••
	West Palm Beach, FL 33409		
3. The mailing a	ddress (if different):		
4. Date of incorporation/qualification: Feb. 6, 2002 Document number: N02		00000989	<u></u>
	street address of the current registered agent and registered office on file v tment of State: (If resigned, enter resigned)	vith the	
	Jose Rodriguez		
	2240 Palm Beach Lakes Blvd., Suite 200		
	West Palm Beach, FL 33409		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of	20 E	
	Kimberly Campbell	JAN MEN Aha	-1
	701 Florida Mango Rd.	-951 -951 -17	
	PO Box NOT acceptable West Palm Beach, FL 33409	- F () 5	
		- <u></u> o	

The street address of its registered office and the street address of the business office of its registere 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.

Frank Campbell, President Printed or typed panie 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. Thereby confirm that the corporation has been notified in writing of this change.

Registered Agent

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, TAI LAHASSEE, FL 32314 (CR2E045 (04/13)