

NO30000004800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

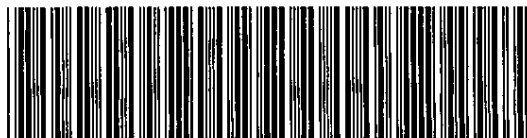
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

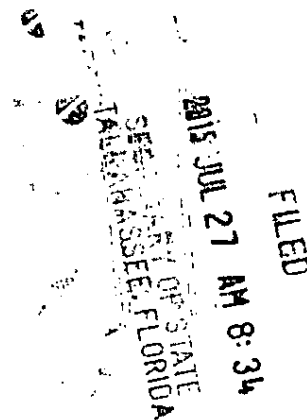
Office Use Only



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RA address
change



JUL 27 2015
A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA FLOODPLAIN MANAGERS ASSOCIATION
Name of Corporation

DOCUMENT NUMBER: W03000004800

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:

CECE McKIEFNAN
Name of Contact Person

FLORIDA FLOODPLAIN MANAGERS ASSOCIATION
Firm/Company

402 COLUMBIA DRIVE
Address

TAMPA FL 33606
City/State and Zip Code

EXECUTIVE DIRECTOR@FFLOODS.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CECE McKIEFNAN at (813) 765-3362
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FLORIDA FLOODPLAIN MANAGERS ASSOCIATION, Inc.
2. The principal office address: 402 COLUMBIA DRIVE
TAMPA, FL 33606
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/6/2003 Document number: NO3000004800
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)

CECE MCKIEZMAN
402 COLUMBIA DRIVE
TAMPA, FL 33606

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

CECE MCKIEZMAN
3912 W. OKLAHOMA AVE.
TAMPA, FL 33616

P.O. Box NOT acceptable

FILED
2015 JUL 27 AM 8:34
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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.

Cece McKiezman
Signature of an officer or director

CECE MCKIEZMAN 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.

Cece McKiezman
Signature of Registered Agent

7/21/15
Date

If signing on behalf of an entity:

Typed or Printed Name

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