

NO3000006034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

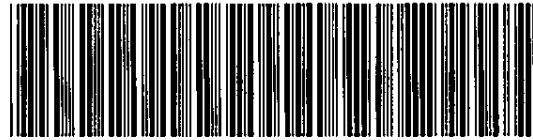
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500260724675

06/02/14--01009--009 **35.00

FILED
2014 JUN -2 A 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 16 2015
T. LEONARD

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Everglades Gator Band Parent Association
Name of Corporation INC

DOCUMENT NUMBER: ND3000000 WD34

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:

Carrie Dunkelberger
Name of Contact Person

EGBPAL
Firm/Company

1228 SW 181 Ave
Address

Pembroke Pines FL 33029
City/State and Zip Code

ehgatorband@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carrie Dunkelberger at ()
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EG BPA I
2. The principal office address: 17100 SW 48 Court
Miramar FL 33027
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 2003 Document number: ND30000000034
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)

Christa Fitzgerald
614 SW 180 Ave
Pembroke Pines FL 33029

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

Carrie Dunkelberger
1228 SW 181 Ave
Pembroke Pines FL 33029

P.O. Box NOT acceptable

2014 JUN -2 A 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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]
Signature of an officer or director

Christa Fitzgerald
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.

Carrie Dunkelberger
Signature of Registered Agent

5/20/14
Date

If signing on behalf of an entity:

Carrie Dunkelberger
Typed or Printed Name

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