## N03000007936

(Red	questor's Name)	-
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Palm BEACH County Cancers of Black Elected Name of Corporation Officials
DOCUMENT NUMBER: NO30000 7936
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:
LAWRENCE GORDON Name of Contact Person
N/A Firm/Company
Firm/Company
922 SECOND St.
W. PAlm BEACH FL. 33401 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LAWRENCE GORDON at (561) 371-8584  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
The same of a corporation organized under the laws of the care of the care
or do thange its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PAL BEACH County Crucus of Black Elected
2. The principal office address: 922 SECOND St.
W. PAlm BEACH, Fr. 33+01
3. The mailing address (if different): P.D. Box 221701
W. PAlm BEACH, FL. 33+17-999P
4. Date of incorporation/qualification: 41718 Document number: No300007936
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)
Addie L. GREEN
1617 BOARDMAN AVE.
W. Polm BEACH FL 33407
6. The name and street all
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JOSEPH ANDERSON
331 W. 16th WAY
P.O. Box NOTherman
RIVIERA BEACH FL. 33404 =
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.
Witting of the change.
Signature of an officer or director  AWRENCE GORDON President
hereby accept the among the
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.
11/1/9
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *
· = ~ <del> </del>

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)