

N04000000 9271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

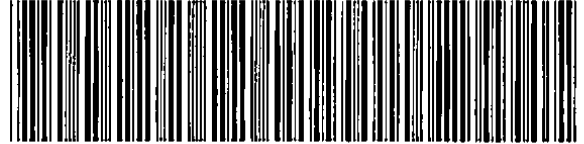
(Business Entity Name)

(Document Number)

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2019 JUL 15 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FL

JUL 22 2019

C Kinsey



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2019

ROBERT BRZENCHEK
PO BOX 223374
WEST PALM BEACH, FL 33422

SUBJECT: INFRAGARD SOUTH FLORIDA MEMBERS ALLIANCE, INC.
Ref. Number: N04000009271

We have received your document for INFRAGARD SOUTH FLORIDA MEMBERS ALLIANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

Florida law requires the street address of the principal office, and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M. Wood
Regulatory Specialist II

Letter Number: 619A0001183

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL 15 PM 2:05

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **CHANGE OF REGISTERED AGENT**

Name of Corporation

DOCUMENT NUMBER: **N04000009271**

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:

Stephen J. Kirschner, CPA

Name of Contact Person

Firm/Company

12074 Roma Road

Address

Boynton Beach, FL 33437

City/State and Zip Code

sjkcpa426@gmail.com

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

For further information concerning this matter, please call:

Stephen J. Kirschner

Name of Contact Person

at (**561**) **369-7164**

Area Code & Daytime Telephone Number

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

(SEE ATTACHED LETTER)

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Infragard South Florida Members Alliance, Inc.
2. The principal office address: 12074 Roma Road
Boynton Beach, FL 33437
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9-28-04 Document number: N04000009271

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)

Appelrouth Consulting Corp.

999 Ponce de Leon Blvd., Suite 625

Coral Gables, Florida 33134

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

Stephen J. Kirschner, CPA

12074 Roma Road

P.O. Box NOT acceptable

Boynton Beach, FL 33437

SECRET
DIVISION OF STATE
TALLAHASSEE, FL

2019 JUL 15 AM 11:43

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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 of an officer or director

Stewart L. Appelrouth

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.

Stephen J. Kirschner
Signature of Registered Agent

6-25-2019

Date

If signing on behalf of an entity:

Stephen J. Kirschner

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 TALLAHASSEE, FL 32314