

N0400000 9355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

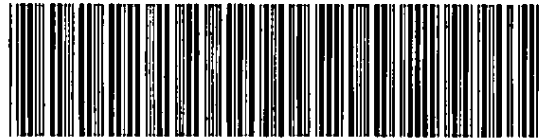
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000333492750

08/23/19--01014--011 **35.00

2019 AUG 23 AM 10:43
FILED
CLERK

R. WHITE

SEP 04 2019

Jane E. Kerrigan
jkerrigan@hsmclaw.com

HAND ARENDALL HARRISON SALE LLC

35008 EMERALD COAST PARKWAY ■ SUITE 500 ■ DESTIN, FLORIDA 32541
(850) 650-0010 ■ Facsimile: (850) 424-5093

August 21, 2019

SENT VIA REGULAR U.S. MAIL

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: The Estate Planning Council of the Emerald Coast, Inc. – Change of Registered
Office/Agent

To Whom It May Concern:

Please find the enclosed Statement of Change of Registered Office/Agent for The Estate Planning Council of the Emerald Coast, Inc., and check #224193 in the amount of \$35.00, for processing same.

Please let us know if you have any questions. I can be reached at: (850) 460-3697 or jcampfield@handfirm.com. Thank you for your assistance with this matter.

Sincerely,



Jessica Campfield, FRP
Paralegal to Jane E. Kerrigan, Esq.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Estate Planning Council of The Emerald Coast, Inc.

Name of Corporation

DOCUMENT NUMBER: **N04000009355**

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:

Jane Kerrigan

Name of Contact Person

Hand Arendall Harrison Sale

Firm/Company

35008 Emerald Coast Parkway, Suite 500

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

jkerrigan@handfirm.com

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

For further information concerning this matter, please call:

Jessi

Name of Contact Person

at (**850**) **650-0010**

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

1. The name of the corporation: The Estate Planning Council of the Emerald Coast, Inc.
2. The principal office address: 151 Regions Way, Suite 2C, Destin, FL 32541

3. The mailing address (if different): P.O. Box 784, Destin, FL 32540

4. Date of incorporation/qualification: 10/01/2004 Document number: N000009355

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)

Corporate Creations Network, Inc.

11380 Prosperity Farms Road #221E

Palm Beach Gardens, FL 33410

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

Jane E. Kerrigan

35008 Emerald Coast Parkway, Suite 500

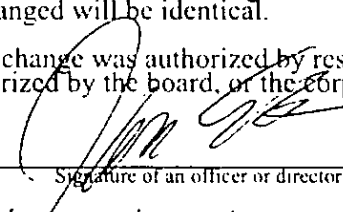
P.O. Box NOT acceptable

Destin, FL 32541

2019 AUG 23 AM 10:42

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

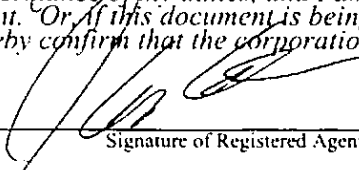
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Jane Kerrigan, Treasurer

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.


Signature of Registered Agent

8/14/2019

Date

If signing on behalf of an entity:

Jane E. Kerrigan

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