N04000010890

(Re	equestor's Name)	,
(Āc	ddress)	
. (Ac	ddress)	
. (Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
, (Ві	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2008 MAY -2 AM IO: 2: SECRETARY OF STATE

R.A. Change

TB 5-8-09

COVER LETTER

.TO: Amendment Section Division of Corporations	
SUBJECT: AMERICAN LEGION ANNOCO	SAF POST 383 INC.
DOCUMENT NUMBER 104000 10890	
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
M.E. ChRISTIANS (Name of Contact Pers	son)
AMERICAN LEGION ANNES	AF POST 383, INC
115 NE 112 Aven (Address)	<u>ue</u>
Old Town FL. 3. (City/State and Zip Co	2680 ode)
For further information concerning this matter, please call:	
M.E. Christians at (A)	rea Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of S	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 FLOR'S Leaves in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ANERICAN LEGION ANNCGAF POST 383, INC
2. The principal office address: 1297 NE 82 Avenue, Old Town, FL. 32680
3. The mailing address (if different): P.O. BOX 220, Old Town, FL. 32680
4. Date of incorporation/qualification: 11/2 2/2004 Document number: N04 0000 10890
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
EUGene F. Street
153 NE 300th Street PA = -
0/d TOWN, FL. 32680
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): M. E. 'ChRis' ChRistians
M.E. "ChRis" ChRISTIANS
115 NE 112 Avenue (P.O. Box NOT acceptable)
OH TOWN, FL. 32680
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 comporation has been notified in writing of the change.
(Signature of an officer or director) M. Ethnotians, Crowdr (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) White the second s
If signing on behalf of an entity:
(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
CR2E045 (8/05)