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AUG 17 2017

COVER LETTER

TO: Amendment Section Division of Corporations

Friends of Troop 840

Name of Corporation

N05000001784

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 Lavargna

Name of Contact Person

Lavargna Law PLLC

Firm/Company

1803 S. Kanner Highway

Stuart, FL 34994

City/State and Zip Code

carrie@lavargnalaw.com

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

For further information concerning this matter, please call:

Carrie Lavargna

Name of Contact Person

772 286-7521
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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingressions of sections of the State of Florida in the laws of the State of Florida in the change its registered office or registered agent, or both, in the State of Florida.
1. The name of a 2. The principal	the corporation: Friends of Troop 840, Inc. office address: 3227 SW Reilley Avenue, Palm City, FL 34990
3. The mailing a	nddress (if different):
4. Date of incorp	poration/qualification: 2/11/2005 Document number: N05000001784
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Carrie Lavargna
	401 SE Osceola St., Lower Level
	Stuart, FL 34994 LARE TAR
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Lavargna Law, PLLC
	1803 S. Kanner Highway
	P.O. Box NOT acceptable Stuart, FL 34994
	ess of its registered office and the street address of the business office of its registered agent, be identical.
authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board of the corporation has been notified in writing of the change.
Urre	Carrie Lavargna Printed or typed name and title
I hereby accept I further agree of performance of	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and Lam familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
- Cally Sig	nature of Registered Agent Date
If signing on be	half of an entity:
Carrie Lava	argna, Esq.
T	yped or Printed Name

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