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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2012

WIFREDO COLON SPECIAL FORCES MOTORCYCLE CLUB, INC. 3108 N. BOUNDARY BLVD., BLDG 926 #155 TAMPA, FL 33621

SUBJECT: SPECIAL FORCES MOTORCYCLE CLUB, INC.

Ref. Number: N05000002445

We have received your document for SPECIAL FORCES MOTORCYCLE CLUB, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 012A00027554

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#### COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Special Forces Motorcycle Club, Inc.

Name of Corporation

DOCUMENT NUMBER:

N05000002445

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:

### Wilfredo Colon

Name of Contact Person

Special Forces Motorcycle Club, Inc.

Firm/Company

3108 N. Boundary Blvd., Bldg 926 #155

Address

Tampa, FL 33621

City/State and Zip Code

specialforcesmc@earthlink.net

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

For further information concerning this matter, please call:

Wilfredo Colon

,407

574-9636

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

statement of chang	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Florida ochange its registered office or registered agent, or both, in the State of Florida.	
	corporation: Special Forces Motorcycle Club, Inc.	
	fice address: 3108 N. Boundary Blvd., Bldg 926 #155, Tampa, FL 33621	
3. The mailing add	ress (if different):	
4. Date of incorpor	ration/qualification: 03/02/2005 Document number: N05000002445	
	reet address of the current registered agent and registered office on file with the tent of State: (If resigned, enter resigned)	
R	Robert S. McCormick	
1	2200 Palomino Lane	
F	ort Myers, FL 33912	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
M	Vilfredo Colon	
3	108 N. Boundary Blvd., Bldg 926 #155	
T:	P.O. Box NOT acceptable ampa, FL 33621	
	of its registered office and the street address of the business office of its registered agent, identical.	
	nuthorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	
Signature of	Scott Neil President  Finited or typed name and time	
I hereby accept the I further agree to c performance of my agent. Or, if this d hereby confirm tha	e appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete duties, and I am familiar with and accept the obligation of my position as registered locument is being filed merely to reflect a change in the registered office address, I the corporation has been notified in writing of this change.	
Mysignatur	To Color 7 NOV 12 Te of Registered Agent Date	
If signing on behalf	f of an entity:	
WILFre	Lyr Printed Name	

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