

ND6000000275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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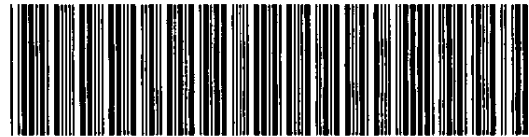
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUL -8 AM 11:03

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C. LEWIS
JUL 11 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN LEGION AUXILIARY UNIT 323, INC
Name of Corporation

DOCUMENT NUMBER: N06000000275

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:

TINA HANSON

Name of Contact Person

AMERICAN LEGION AUXILIARY UNIT 323, INC

Firm/Company

1124 ASLAR AVE

Address

LEHIGH ACRES, FL 33936

City/State and Zip Code

tmhanson@mail.com

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

For further information concerning this matter, please call:

TINA HANSON

Name of Contact Person

at (**303**) **726-5893**

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: AMERICAN LEGION AUXILIARY UNIT 323, Inc.
2. The principal office address: 1124 ASHLAR AVE
LEHIGH ACRES, FL 33936
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/09/2006 Document number: NO6000000275

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)

MCFALL, LOIS J
314 LAKE AVE.
LEHIGH ACRES, FL 33936 US

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

TINA HANSON
1414 KIMDALE ST E
P.O. Box NOT acceptable
LEHIGH ACRES, FL 33936

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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.

Tina Hanson
Signature of an officer or director

TINA HANSON PRESIDENT
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.

Tina Hanson
Signature of Registered Agent

07/04/2013
Date

If signing on behalf of an entity:

TINA HANSON
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE