

NO6209

(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

APPROVED
AND
FILED

C. LEWIS
OCT 8 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fort Lauderdale Mustang Club, Inc.
Name of Corporation

DOCUMENT NUMBER: N06209

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:

Mark Patterson

Name of Contact Person

Fort Lauderdale Mustang Club

Firm/Company

P.O. Box 22667

Address

Fort Lauderdale, FL 33335

City/State and Zip Code

mpatt@sprintmail.com

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

For further information concerning this matter, please call:

Mark Patterson

Name of Contact Person

at (954) 779-3898

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: Fort Lauderdale Mustang Club, Inc.
2. The principal office address: 1222 NW 83rd Ave, Coral Springs, FL 33071
3. The mailing address (if different): P.O. Box 22667, Fort Lauderdale, FL 33335
4. Date of incorporation/qualification: 11/16/1984 Document number: N06209
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)

Stringert, Marcia, 1222 NW 83 Ave, Coral Springs, FL
33071

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

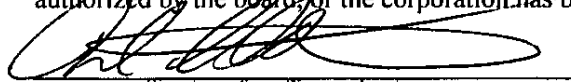
Mark Patterson, 1833 SE 17th Street, Fort Lauderdale
FL 33316

P.O. Box NOT acceptable

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mark Patterson, 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.


Signature of Registered Agent

9/23/2013

Date

If signing on behalf of an entity:

Marcia Stringert

Typed or Printed Name

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