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PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificate	s of Status		
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18 JUL -2 PH % 49 SECRETARY OF STATE ALLAHASSEE, FLORIDA

JUL 0 5 2018

S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
The Charles F. Thomas IV, Post 117, Inc., The American Legion Department of Florida SUBJECT:				
Name of Corporation				
DOCUMENT NUMBER: N06422				
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:				
Bruce Thurber				
Name of Contact Person				
American Legion Post 117				
Firm/Company				
189 Veterans Drive				
Address				
Palm Bay, Fl 32908				
City/State and Zip Code				
brucethurber@outlook.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Bruce Thurber  Name of Contact Person  at (321 ) 729-8089  Area Code & Daytime Telephone Number				
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  Street Address: Amendment Section				

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	17.0302, 607.1308, or 617.1308, Florida Ma organized under the laws of the State of <mark>Flo</mark> registered agent, or both, in the State of Flo	orida	-
	the corporation: The Charles I		vicus.	
	office address: 189 Veterans			
	y, FL 32909			
<u></u>				-
4. Date of incor	poration/qualification: 11/30/19	Document number: N06422		
	d street address of the current regis artment of State: (If resigned, enter a	tered agent and registered office on file with resigned)	the	
	Duane Podhola			
	243 Brightwater Dr, SE			
	Palm Bay, FL 32908			
6. The name an (if changed):	_	ed agent (if changed) and /or registered offic	18 2503 81	
	Bruce Thurber		AHAS AHAS	7
	1329 Seabold Rd SW		-2 SSEE	LII.
	Ро.в Palm Bay, Florida	for NOT acceptable	PH 1	0
			AJE RIDA	
The street addr as changed will	ess of its registered office and the libe identical.	street address of the business office of its re	egistered ager	nt.
Such change w authorized by t	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by an off een notified in writing of the change.	ficer so	
_ Z_A	er-	Eugene Baker, Commander		
I hereby accept I further agree performance of	to comply with the provisions of a f my duties, and I am familiar with	Printed or typed name and title ent and agree to act in this capacity, ill statutes relative to the proper and comple and accept the obligation of my position as to reflect a change in the registered office of ified in writing of this change.	s revistered –	
100	20	6/21/2018		
Sig	gnature of Registered Agent	Date		•
If signing on be	chalf of an entity:			
	Expert or Printed Name			

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