## No7203

(Requestor's Name)					
(Address)					
,					
(A.I.)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE

C.COULLIETTE

JUN - 8 2009

**EXAMINER** 

## **COVER LETTER**

TO: Amendment 9 Division of C	Section orporations					
SUBJECT: Gr	eater Clearwater Chamb	per of Commerce, Incorporation	<u>C.</u>			
DOCUMENT NUM	BER:N	N07203				
The enclosed Stateme	ent of Change of Registered Office	e/Agent and fee are submitte	d for filing.			
Please return all correspondence concerning this matter to the following:						
		Ū				
Robert Clifford Name of Contact Person						
	Traine or con	nuovi olison				
Greater Clearwater Chamber of Commerce, Inc.						
	Firm/Co		<u>-                                      </u>			
	1130 Cleve		<u>-</u>			
_	Add	ress				
		• •	•			
Clearwater, FL 33755-4841 City/State and Zip Code						
	City/State at	id Zip Code				
	bclifford@clearw	vaterflorida.org	·			
E	-mail address: (to be used for f	uture annual report notific	eation)			
For further information	on concerning this matter, please of	call:				
F	Robert Clifford	-+ ( <b>727</b> )	461-0011			
	of Contact Person	at ( <u>727</u> Area Code & Daytim	e 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 Sec Division of Cor Clifton Building 2661 Executive	porations S			

Tallahassee, FL 32301

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

statement of cho	mge is submitted for a co	rporation organized	507.1508, or 617.1508, Flori d under the laws of the State d agent, or both, in the State	of Florida		
			Chamber of Comm , Clearwater, FL 33755			
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:	01/21/1985	Document number:	N07203		
	d street address of the cur rtment of State: (If resign		nt and registered office on file	e with the		
	Douglas Linder, re	signed	•			
	1130 Cleveland Street					
	Clearwater, FL 337	755-4841		SEC		
6. The name and (if changed):		w registered agent (	if changed) and /or registered	d office NASS		
	Robert W. Clifford,	CEO		<sup>™</sup> <sup>™</sup> <sup>™</sup> <sup>™</sup>		
	1130 Cleveland St	reet				
	P.O. Box NOT acceptable					
	Clearwater, FL 337	755-4841		<del></del>		
The street addr as changed wil	ess of its registered office lbe identical.	e and the street ad	dress of the business office	of its registered agent,		
Such change want for ized by t	as authorized by resolut	ion duly adopted b tion has been notif	y its board of directors or b ied in writing of the change	y an officer so		
Signati	uge of an officer or director		GROL A. HAGU. Printed or typed name	E CHADRIMAN		
I hereby accept I further agree of my duties, a document is be corporation ha	t the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to refle is been notified in writin	istered agent and a isions of all statute d accept the obliga it a change in the r g of this change.	agree to act in this capacity es relative to the proper and ation of my position as regi registered office address, I i	l complete performance stered agent. Or, if this hereby confirm that the		
Med ?	gnorman Registered Agent	<del></del>	5-21-09 Date			
If signing on b	ehalf of an entity:					
ROBERT	Typed or Printed Name	FORD				

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