

N07892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

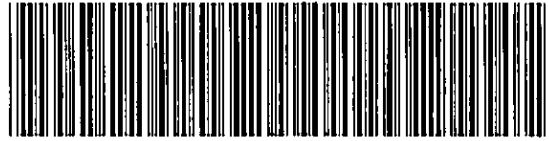
(Business Entity Name)

(Document Number)

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06/25/18 - 0100 - 001 **35.00

2018 SEP 14 AM 10:02
SECRET & JUD
FALL APPEALS CLERK

FILED

RA/RO/CH8

SEP 17 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DALE MABRY POST 139, INC.
Name of Corporation

DOCUMENT NUMBER: N07892

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:

Mary Stone, Secretary

Name of Contact Person

Dale Mabry Post 139, Inc.

Firm/Company

3818 W. Bay Vista, Ave.

Address

Tampa, FL 33611

City/State and Zip Code

ADJAMLEG@TAMPABAY.RR.COM

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

For further information concerning this matter, please call:

Mary Stone

Name of Contact Person

at (813) 839-6740

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2018

DALE MABRY POST 139, INC.
3818 W. BAY VISTA AVE
TAMPA, FL 33611

SUBJECT: DALE MABRY POST 139, INC.
Ref. Number: N07892

We have received your document for DALE MABRY POST 139, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must have original signatures.

You failed to sign the form.

The name and title of the person signing the document must be noted on one side or opposite the signature.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 2194 07/01/18

RECEIVED
18 SEP 16 PM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL

**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: Dale Mabry Post 139, Inc.
2. The principal office address: 3818 W. Bay Vista Ave., Tampa, FL 33611
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 02/26/1985 Document number: N07892
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)

Antonio Morin

3818 W. Bay Vista Ave.

Tampa, FL 33611

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

David Nail

4933 S. Westshore Blvd.

P.O. Box NOT acceptable

Tampa, FL 33611

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.

Carl Malone
Signature of an officer or director

Cari Malone, 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.

David A. Nail
Signature of Registered Agent

9-11-18
Date

If signing on behalf of an entity:

DAVID A. NAIL
Typed or Printed Name

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

FILED
2018 SEP 14 AM 10:02
STATE OF FLORIDA
DIVISION OF CORPORATIONS