

N080000007409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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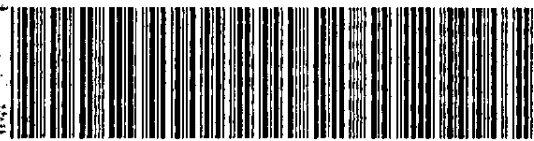
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
11 MAR 25 AM 10:14

RAC/CHS
@ 3/28/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Navy League of the U.S., St. Augustine Council, Inc.
Name of Corporation

DOCUMENT NUMBER: NO 8000007409

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:

Richard Roth

Name of Contact Person

Navy League of U.S. St. Augustine Council, Inc.

Firm/Company

P.O. Box 5194

Address

St. Augustine, FL 32085-5194

City/State and Zip Code

deano54@bellsouth.net

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

For further information concerning this matter, please call:

Kevin Gregory

Name of Contact Person

at (904) 535-7832

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NAVY LEAGUE of the UNITED STATES, ST. AUGUSTINE COUNCIL, inc.
2. The principal office address: 405 CAMELIA TRAIL
ST AUGUSTINE, FL 32086
3. The mailing address (if different): P. O. Box 5194
ST AUGUSTINE, FL 32085-5194
4. Date of incorporation/qualification: JUNE 9, 2008 Document number: NO 8000007409
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)

RESIGNED John Mountcastle
16 Marshview Dr.
St. Augustine, FL

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

RICHARD ROTH
405 CAMELIA TRAIL
P.O. Box NOT acceptable
ST. AUGUSTINE, FL 32086

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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.

Anita Proffett
Signature of an officer or director

Anita Proffett - secretary
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.

Richard H. Roth
Signature of Registered Agent

3-21-2011
Date

If signing on behalf of an entity:

Richard H. Roth
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)