

N08000 007 517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

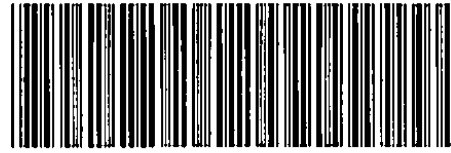
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 08 2019

S. YOUNG

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Chris Reyka Memorial Post 390 Inc.  
Name of Corporation

DOCUMENT NUMBER: N08000007517

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:

William Bartels

Name of Contact Person

American Legion Post 390 Welling

Firm/Company

13833 Wellington Trace Ste E-4 PMB

Address

Wellington FL 33414

City/State and Zip Code

flybart@aim.com

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

For further information concerning this matter, please call:

William Bartels

Name of Contact Person

at ( 561 ) 827-3573

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  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, 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: CHRIS REYKA MEMORIAL POST 390 INC.
2. The principal office address: 13833 Wellington Trace Ste E-4 PMB 104
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/11/2008 Document number: N080000075

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)

William E. Bartels

11061 Laurel Walk Road

Wellington, FL 33414

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

William E. Bartels

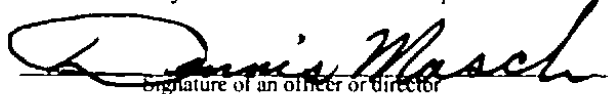
13833 Wellington Trace Ste E-4 PMB 104

P.O. Box NOT acceptable

Wellington, FL 33414

The street address of its registered office and the street address of the business office of its register 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

DENNIS MASCH  
POST ADJUTANT  
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, hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

9/11/2019  
Date

If signing on behalf of an entity:

William E. Bartels

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 (03/12)