

NO90000000452

(Requestor's Name)

(Address)

(Address)

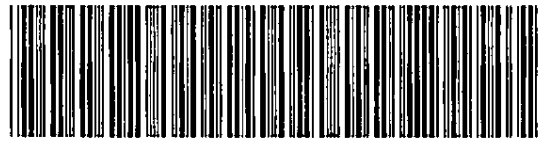
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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01/04/19--01018--015 **35.00

Special Instructions to Filing Officer:

*Corrected Document
per Patricia Jacobson*

Office Use Only

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2019 JAN 14 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FL

*PA
Change*

1-14-19

Dr



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2018

TRISH JACOBSON
AMERICAN LEGION AUXILIARY, COOPER CITY
9081 SW 51ST STREET
COOPER CITY, FL 33328

SUBJECT: AMERICAN LEGION AUXILIARY, COOPER CITY MEMORIAL UNIT
321, INC.
Ref. Number: N09000000452

We have received your document for AMERICAN LEGION AUXILIARY, COOPER CITY MEMORIAL UNIT 321, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The fee to file your document is \$35.

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 818A00025732

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Name change of Registered Agent
Name of Corporation

DOCUMENT NUMBER: N09000000452

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:

Trish Jacobson

Name of Contact Person

American Legion Auxiliary Cooper

Firm/Company

9081 SW 51st Street

Address

Cooper City FL 33328

City/State and Zip Code

jacobson.patricia@yahoo.com

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

For further information concerning this matter, please call:

Trish Jacobson

Name of Contact Person

at 817 726-4295

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

RECEIVED
DEC 13 AM 10:59
CR20045 (03/12)
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: American Legion Auxiliary, Cooper City Memorial Unit 321, INC.

2. The principal office address: 9081 SW 51st Street
Cooper City, FL 33328

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/14/2009 Document number: N09000000452

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)

SHAWN M. GEORGE

9081 SW 51ST STREET

COOPER CITY, FL 33328

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

PATRICIA E. JACOBSON

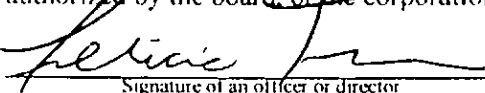
8821 NW 8th Street

P.O. Box NOT acceptable

Pembroke Pines, FL 33024

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.

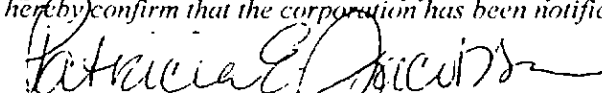


Signature of an officer or director

Felicia Trainor, Vice 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.*



Signature of Registered Agent

11/7/2018

Date

If signing on behalf of an entity:

Patricia E. Jacobson

Typed or Printed Name

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

FILED
2019 JAN 14 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FL