

N090000005183

(Requestor's Name)

(Address)

(Address)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Legion Auxiliary, ALASIA Unit 148, INC.
Name of Corporation

DOCUMENT NUMBER: NO9000005183

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:

Julia Arndt
Name of Contact Person

American Legion Auxiliary
Firm/Company

P.O. Box 576
Address

Riverview Florida 33568
City/State and Zip Code

jaendt6@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia Arndt at (813) 569-9305
Name of Contact Person 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 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, ALASIA UNIT 48, INC.
2. The principal office address: 7250 US Highway 301 S.
RIVERVIEW, Florida 33568
3. The mailing address (if different): P.O. Box 576, Riverview, FL 33568
4. Date of incorporation/qualification: 12-31-2009 Document number: N09000005183
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)

Georgia L. Mackenzie
7008 CROWN LAKE DRIVE
GIBSONTON, FL 33534

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

JULIA ARNDT
10111 KING OAK DRIVE
P.O. Box NOT acceptable
RIVERVIEW, FLORIDA 33569

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.

Julia Arndt - President Julia Arndt - President
Signature of an officer or director 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.

Julia Arndt
Signature of Registered Agent

7-31-19
Date

If signing on behalf of an entity:

Julia Arndt
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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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