N10598

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10/18 02

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: Marine Corps League, Holiday Detachment, Holiday, FL Ill' 2. The principal office address: 8617 Knob H:11Ct, New Port Richey, FL 346
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/1/1985 Document number: N 10598
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)
Joppa, Stephen Ct Resigned 8617 Knob Hill Ct New Port Richay, FL 34653
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Sharon A Back 9428 Conservation Duive P.O. Box NOT acceptable New Port Richey, FL 34655
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.
michael W Armstronic 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 1f signing on behalf of an entity:
Sharon A Back, MCL 567 Typed or Printed Name

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