

N 12000002129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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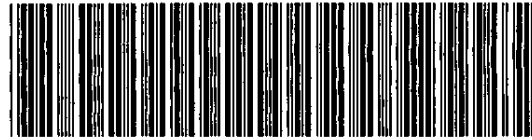
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

MAY 30 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Disabled American Veterans ST. Augustine Chapter 6, inc
Name of Corporation

DOCUMENT NUMBER: N12000002129

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:

JOHN MCGINTY
Name of Contact Person

Disabled American Veterans ST. Augustine Chapter 6, inc
Firm/Company

465 Gianna Way
Address

ST. Augustine, FL 32086
City/State and Zip Code

macvva1949@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John McGinty at (904) 679-1947
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



Disabled American Veterans
St. Augustine Chapter 6
P. O. Box 3991
St. Augustine, FL 32085-3991

17 May 2017

JUDY
~~Vystar Bank, Harbor Cove Bank~~

In a duly called and held meeting, the membership of Disabled American Veterans, St. Augustine Chapter 6, elected and installed Art DuBois to the position of Commander and John McGinty to the position of Treasurer replacing Tammy Shirley.

Sincerely,

Judy Davis

Judy Davis, Adjutant
Disable American Veterans, Chapter 6
904-814-4284

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: Disabled American Veterans St. Augustine Chapter 6, inc
2. The principal office address: 465 Gianna Way
St. Augustine, FL 32086
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/24/2012 Document number: N1200002129
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)

Judy DAVES
160 Laguna St
St. Augustine, FL 32086

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JOHN McGinty
465 Gianna Way
St. Augustine, FL 32086

P.O. Box NOT acceptable

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.

Judy Davis
Signature of an officer or director

Judy Min Davis
Printed or typed name and title President

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.

John McGinty
Signature of Registered Agent

5/19/2017
Date

If signing on behalf of an entity:

John McGinty
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