

N1120000002844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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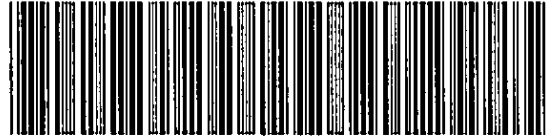
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RALPH

JUN 11 2018  
I ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Cocoa Beach Firefighters Charitable Foundation  
Name of Corporation

DOCUMENT NUMBER: N12000002844

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:

SCOTT Prevost  
Name of Contact Person

Cocoa Beach Firefighters Charitable Foundation  
Firm/Company

P.O. Box 320513  
Address

Cocoa Beach FL 32932  
City/State and Zip Code

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

For further information concerning this matter, please call:

SCOTT Prevost at (321) 419-7564  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 18, 2018

SCOTT PREVOST  
COCOA BEACH FIREFIGHTERS  
P.O. BOX 320513  
COCOA BEACH, FL 32932

SUBJECT: COCOA BEACH FIREFIGHTERS CHARITABLE FOUNDATION,  
INC.

Ref. Number: N12000002844

We have received your document for COCOA BEACH FIREFIGHTERS CHARITABLE FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 318A00010478

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18 JUN 11 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

**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: Cocoa Beach Firefighters Charitable Organization  
2. The principal office address: 50 S. Orlando Ave Cocoa Beach, FL 32931  
3. The mailing address (if different): P.O. Box 320513 Cocoa Beach, FL 32932

4. Date of incorporation/qualification: 2012 Document number: N 12000002844

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)

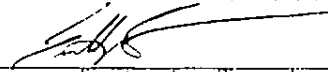
Trenton Prevost  
50 S Orlando Ave  
Cocoa Beach FL 32931

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

Matthew Ericson  
50 S. Orlando Ave  
P.O. Box NOT acceptable  
Cocoa Beach FL 32931


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

Scott Prevost Secretary  
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

6/7/18  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)

**FILED**  
2018 JUN 11 PM 3:28  
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TALLAHASSEE, FLORIDA