N12000008643

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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17 JAN 25 PH 3: 47
SECRETARY OF STATE
AND MASSEEL FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

SURJECT. Amvets Post 200 Inc

Name of Corporation

N1200008643

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:

Robert W.Alexander

Name of Contact Person

Amvets Post 200 Inc

Firm/Company

4369 se 23rd Court

Address

Okeechobee FL 34974

City/State and Zip Code

robert@config.com

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

For further information concerning this matter, please call:

Robert W Alexander

,,863 \801**-**85

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State. CK#/656

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

statement of cha	nnge is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of FL ered agent, or both, in the State of Florida.	
	the corporation: Amvets Post 200		
1. The name of	office address: 4870 US Hwy 44	I1 SF	
	bee FL 34974		
3. The mailing a	address (if different): 4369 SE 23rd	d Court	
	poration/qualification: Sept 10 2012	2 Document number: N1200008643	
5. The name an		gent and registered office on file with the	
	John Munger Jr.		
	RESIGNED		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Robert W Alexander	변경 및 C 	
	4369 SE 23rd Court		
	P.O. Box NOT Okeechobee FL 34974hhh	acceptable	
The street addr		address of the business office of its registered agent,	
authorized by t	he board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
Robert In Alagracian Signature of profficer or director		Robert W Alexander Finance Officer Printed or typed name and title	
I hereby accent	the annointment as registered agent an	d agree to act in this capacity. utes relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address, I n writing of this change.	
Robert 2	Maken Agent	19 January 2017	
	chalf of an entity:	Date	
U	•		
Т	yped or Printed Name		
	* * * FILING FE	E: \$35.00 * * *	