

N130000007017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

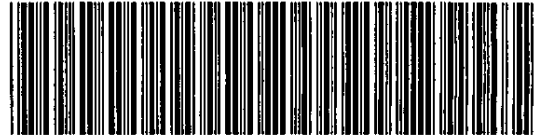
(Business Entity Name)

(Document Number)

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16 NOV - 1 AM 10:08
DIVISION OF CORPORATIONS
STATE OF MISSISSIPPI

NOV 03 2016
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: South Florida Wild Gold Association Inc.

Name of Corporation

N13000007017

DOCUMENT NUMBER: _____

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:

Christa McNeill

Name of Contact Person

Firm/Company

116 Tanbark Trail

Address

Wellington, FL 33414

City/State and Zip Code

jsm4877@aol.com

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

For further information concerning this matter, please call:

Christa McNeill

561

261-0380

at (_____) _____

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 NOV - 1 AM 10:08

**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: South Florida Wild Gold Association Inc.
2. The principal office address: 116 Tanbark Trail, Wellington, FL 33414

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/07/2013 Document number: N13000007017

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)

NRAI SERVICES, INC

1200 S. Pine Island Rd

Plantation, FL 33324

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

Christa McNeill

116 Tanbark Trail

Wellington, FL 33414

P.O. Box NOT acceptable

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

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]
Signature of an officer or director

Christa McNeill
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]
Signature of Registered Agent

10-26-16
Date

If signing on behalf of an entity:

Christa McNeill
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)