

N13087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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OK
11/23/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Pompano Beach Little League inc
Name of Corporation

DOCUMENT NUMBER: N13087

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:

Joseph A Ginisc III
Name of Contact Person

North Pompano Beach Little League inc
Firm/Company

4400 NE 18 AVENUE
Address

Pompano Beach FL 33064 US
City/State and Zip Code

annie.ginisc@a.com cast. Not
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph A Ginisc III at (954) 943-4718
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

**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: NORTH POMPADON BEACH LITTLE LEAGUE INC
2. The principal office address: 4400 N.E. 18 AVE
POMPADON BEACH FL 33064
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1-21-86 Document number: N13087

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)

Robert J Harrison Jr
1300 N.E. 26 AVE POMPADON BEACH FL
33062 us

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

Joseph A Givise III
850 NW 42ND PLACE DEERFIELD BEACH
P.O. Box NOT acceptable
FL 33064

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.

Joseph A Givise III
Signature of an officer or director

Joseph A Givise
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.

Joseph A Givise III
Signature of Registered Agent

11-17-09

Date

If signing on behalf of an entity:

Joseph A Givise III
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 (8/05)

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TALLAHASSEE, FLORIDA
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