

N14 0000000236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

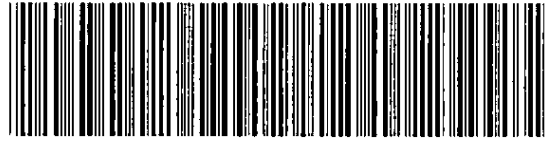
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TALLAHASSEE, FLORIDA

2024 SEP 17 PM 12:07

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Institute of Real Estate Management of the National Association of Realtors - West Coast Chapter #44  
Name of Corporation IREM West Coast Chapter #44

**DOCUMENT NUMBER:** N14000000236

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:

Deborah Westphal

Name of Contact Person

IREM Florida West Coast

Firm/Company

1845 Shore View Drive

Address

Indianalantic FL 32903

City/State and Zip Code

iremflwc@gmail.com

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

For further information concerning this matter, please call:

Deborah Westphal

Name of Contact Person

at ( 678 ) 687-4110

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2024

DEBORAH WESTPHAL  
123 CORNERSTONE CIRCLE  
FRANKLIN, TN 37064

SUBJECT: INSTITUTE OF REAL ESTATE MANAGEMENT OF THE NATIONAL  
ASSOCIATION OF REALTORS - WEST COAST NO. 44, INC.  
Ref. Number: N14000000236

We have received your document for INSTITUTE OF REAL ESTATE  
MANAGEMENT OF THE NATIONAL ASSOCIATION OF REALTORS - WEST  
COAST NO. 44, 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 designation of the registered agent must be at a Florida street address.

If you have any questions concerning the filing of your document, please call  
(850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 824A00019121

*rec 9/17/24*

**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: Institute of Real Estate Management of the National Association of Realtors - West

2. The principal office address: 1845 Shore View Drive Indialantic FL 32903 Coast Chapter #44, INC.

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/27/13 Document number: N14000000236

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)

Lauren Kagimoto

13710 Trinidad Dr. Seminole, FL 33776

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

Deborah Westphal

1845 Shore View Drive Indialantic FL 32903

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.

Lauren Kagimoto

Signature of an officer or director

Lauren Kagimoto

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.

Deborah Westphal

Signature of Registered Agent

8/21/2024

Date

If signing on behalf of an entity:

Deborah Westphal

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 (04/13)