

# NI10000004902

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(Requestor's Name)

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(City/State/Zip/Phone #)

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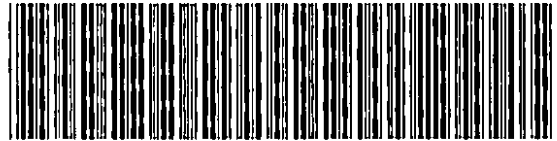
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JUN 20 2019  
C Kinsey

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: COMBAT VETERANS MOTORCYCLE ASSOC. FL CHAPTER 20-5 INC  
Name of Corporation

DOCUMENT NUMBER: N/4000004902

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 E. HARDING  
Name of Contact Person

COMBAT VETERANS MOTORCYCLE ASSOC FL CHAPTER 20-5 INC  
Firm/Company

12349 SW 49TH COURT  
Address

COOPER CITY, FL 33330  
City/State and Zip Code

REH370Z@ATT.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT E. HARDING at ( 954 ) 303-6655  
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 COMBAT VETERANS MOTORCYCLE ASSOC. FC CHAPTER 20-5 INC
2. The principal office address: 12349 SW 49TH COURT  
COOPER CITY, FL 33330
3. The mailing address (if different): P.O. Box 550735  
DAVIE, FL 33355
4. Date of incorporation/qualification: 5-21-2014 Document number: N14000004902
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)

RESIGNED JAMES J. GROSS  
13179 NW 18 CT  
PEMBROKE PINES, FL 33028

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

ROBERT E. HARDING  
12349 SW 49TH COURT  
P.O. Box NOT acceptable  
COOPER CITY, FL 33330

The street address of its registered office and the street address of the business office of the registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer or so authorized by the board, or the corporation has been notified in writing of the change.

Robert E. Harding  
Signature of an officer or director

ROBERT E. HARDING  
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.

Robert E. Harding  
Signature of Registered Agent

5-30-2019  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

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SECTION 607.0502  
TALLAHASSEE, FL  
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