

714000009423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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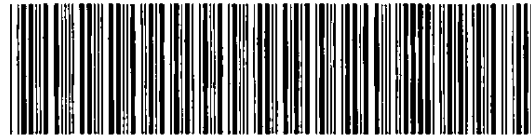
(Business Entity Name)

(Document Number)

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T. LEMIEUX

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TO: Amendment Section
Division of Corporations

SUBJECT: Southeastern Regional Dungen Boat Association Inc.
Name of Corporation

DOCUMENT NUMBER: N14000009423

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:

MARSHALL N. MILLARD
Name of Contact Person

Firm/Company

1187 23rd STREET NORTH
Address

JACKSONVILLE BEACH, FL 32250
City/State and Zip Code

millard.m@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHALL N. MILLARD at (904) 536-3475
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: Southeastern Regional DEER BAIT ASSOCIATION INC.
2. The principal office address: 3039 SW WOODLAND TRAIL
PALM CITY, FL 34990
3. The mailing address (if different): 3039 SW WOODLAND TRAIL
PALM CITY, FL 34990
4. Date of incorporation/qualification: 10/9/14 Document number: N14000009423
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)

SCHERMETZ, DEBBIE, III
3039 SW WOODLAND TRAIL
PALM CITY, FL 34990

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

MILLARD, MARSHALL N
1187 23rd Street North
P.O. Box NOT acceptable
JACKSONVILLE BEACH, FL 32250

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.

Marshall N. Millard
Signature of an officer or director

MARSHALL N. MILLARD
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.

Marshall N. Millard
Signature of Registered Agent

21 JUN 2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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