

N14000011558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

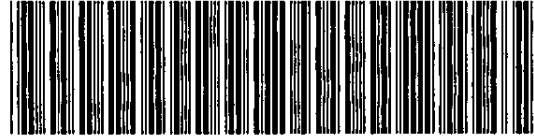
(Business Entity Name)

(Document Number)

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JAN 28 2016

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Olustee Union Monument Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N14000011558

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:

Michael E. Farrell

Name of Contact Person

Olustee Union Monument Association, Inc.

Firm/Company

1952 Muirfield Way SE

Address

Palm Bay, FL 32909

City/State and Zip Code

olusteeunion@gmail.com

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

For further information concerning this matter, please call:

Lloyd B. Monroe, Jr.

Name of Contact Person

at **813 787-0169**

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

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**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: Olustee Union Monument Association, Inc.
2. The principal office address: 6043 Lake Pointe Drive #305
Orlando, FL 32822
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/19/2014 Document number: N14000011558
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)

Charles D. Custer

6043 Lake Pointe Drive #305

Orlando, FL 32822

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

Michael E. Farrell

1952 Muirfield Way SE

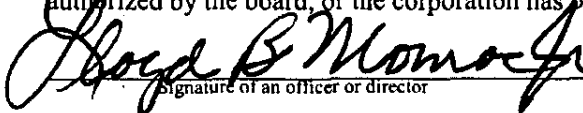
P.O. Box NOT acceptable

Palm Bay, FL 32909

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- ☒ 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.



Lloyd B. Monroe, Jr., President

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 of Registered Agent

1-22-2016

Date

If signing on behalf of an entity:

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)