

N1500000-01510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

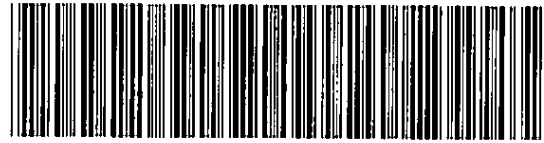
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 24 2021
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2021

JUAN A. HIERREZUELO, JR.
BSO DEPUTIES ASSOC. IUPA LOCAL #6020
900 S STATE ROAD 7
PLANTATION, FL 33317

SUBJECT: BROWARD SHERIFF'S OFFICE DEPARTMENT OF LAW
ENFORCEMENT LOCAL #6020, CORP.
Ref. Number: N15000001510

We have received your document for BROWARD SHERIFF'S OFFICE DEPARTMENT OF LAW ENFORCEMENT LOCAL #6020, CORP. 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 form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA NONPROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather
Regulatory Specialist III

Letter Number: 121A00025723

RECEIVED
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Broward Sheriff's Office Deputies Assoc #6020 Corp.
Name of Corporation

DOCUMENT NUMBER: N15000001510

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:

Juan A. Hierrezuelo Jr.
Name of Contact Person

Broward Sheriff's Office Deputies Assoc #6020 Corp.
Firm/Company

900 S. State Road 7
Address

Plantation, FL 33317
City/State and Zip Code

E-mail address: tony@iupa.org
(to be used for future annual report notification)

For further information concerning this matter, please call:

Juan A Hierrezuelo Jr. at (954) 960-3257
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Broward Sheriff's Office Deputies Assoc. #6020 Corp.
2. The principal office address: 900 S. State Road 7 Plantation FL 33317
3. The mailing address (if different): Same.
4. Date of incorporation/qualification: 2/12/15 Document number: N15000001510
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)

Frank V. Joubly III
900 S State Road 7
Plantation FL 33317

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TALLAHASSEE, FLORIDA

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

Juan A. Hierrezuelo Jr.
Same Address
Same Address

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.

[Signature]
Signature of an officer or director

Jeff Bell - 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]
Signature of Registered Agent

11/3/21
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