

N15 000 00 3103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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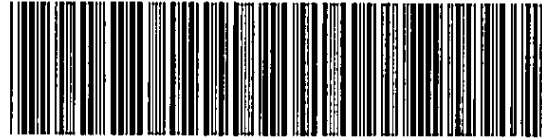
(Business Entity Name)

(Document Number)

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JUL 29 2020

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH FLORIDA SAILORS AND BOATERS CORPORATION
Name of Corporation

DOCUMENT NUMBER: N15000003103

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:

JOANNE KETTLE

Name of Contact Person

SOUTH FLORIDA SAILORS AND BOATERS CORP

Firm/Company

971 NW 93RD AVENUE

Address

PLANTATION FL 33324

City/State and Zip Code

JCNORDONE@YAHOO.COM

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

For further information concerning this matter, please call:

JOANNE KETTLE

Name of Contact Person

at (727) 858-1993

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

July 2, 2020

JOANNE KETTLE
971 NW 93RD AVE
PLANTATION, FL 33324

SUBJECT: SOUTH FLORIDA SAILORS AND BOATERS CORPORATION
Ref. Number: N15000003103

We have received your document for SOUTH FLORIDA SAILORS AND BOATERS CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The registered agent must sign accepting the designation.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 720A00013057

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: SOUTH FLORIDA SAILORS AND BOATERS
2. The principal office address: 971 NW 93RD AVENUE, PLANTATION, FL 33324
3. The mailing address (if different): P.O. BOX 4891, FT. LAUDERDALE FL 33338
4. Date of incorporation/qualification: 4/1/2015 Document number: N15000003103
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)

FRED KRASKE

1301 E. HILLSBORO BLVD. #206

DEERFIELD BEACH, FL 33341

Resigned

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

JOANNE KETTLE

971 NW 93RD AVENUE

P.O. Box NOT acceptable

PLANTATION, FL 33324

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.

Joanne Kettle
Signature of an officer or director

JOANNE KETTLE - TREASURER

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.

Joanne Kettle
Signature of Registered Agent

7/24/20
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 (04/13)