

N15122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

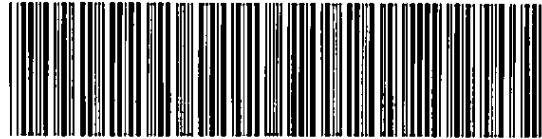
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200334937902

09/30/19--01007--001 **88.00

FILED
2019 SEP 30 AM 8:31
TALLAHASSEE, FL

OCT 16 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE FOLK CLUB OF SOUTH FLORIDA, INC.
Name of Corporation

DOCUMENT NUMBER: N15121

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:

Joel Heinen
Name of Contact Person

THE FOLK CLUB OF SOUTH FLORIDA, INC.
Firm/Company

8149 SW 152 Ct.
Address

Miami, FL, 33193
City/State and Zip Code

heinenj@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Heinen at (305) 5862907
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: The Folk Club of South Florida, Inc.
2. The principal office address: 8445 SW 181 Terrace Miami FL 33157

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/24/1988 Document number: N15122

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)

James Teas

8445 SW 181 Terrace

Miami, FL 33157

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

Joel Heinen

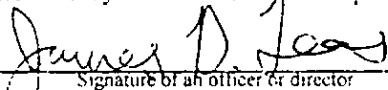
8149 SW 152 Ct.

P.O. Box NOT acceptable

Miami FL 33193

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

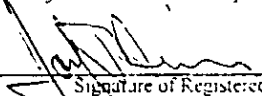
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

James D Teas

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

26 Sept. 2019
Date

If signing on behalf of an entity:

James D Teas

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)

SEP 30 2019
TALLAHASSEE, FL

2019 SEP 30 AM 8:31

FILED