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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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From;

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number: 076666002273 Phone : (904)398-3911

Fax Number : (904)396-0663

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REGISTERED AGENT CHANGE

ATLANTIC BEACH PRESERVATION AND CONSERVATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

MAR 07 2017 C MCNAIR

CR2E045 (03/12)

No. 0780 P. 2 **H17000062638**

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		02, 607.1508, or 617.1508, Florida Statut nized under the laws of the State of <mark>Flor</mark> i		
		tered agent, or both, in the State of Floria		
1. The name of	the corporation: Atlantic Beach Preser	vation and Conservation, Inc.		
2. The principal	office address: 2313 Oceanforest Dr	W, Atlantic Beach, FL 32233		
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: March 3, 2017	Document number: N170000023	307	
	d street address of the current registered retreent of State: (If resigned, enter resign	agent and registered office on file with the ed)	e	۽ ويندر
	William R. Whittington	<u> </u>	17	N.S.
	2313 Oceanfront Dr		英	5 C
	Atlantic Beach, FL 32233		9	SAY SAY
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office		RPORAT
	William R. Whittington	•	5 .9	NON:
•	2313 Oceanforest Dr W			
	P.O. Box NO	T acceptable		
	Atlantic Beach, FL 32233			
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its regi	stered agent,	
Such change was authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been no	I by its board of directors or by an office tified in writing of the change.	# 80	
Wille	in K. Whittetin	William R. Whittington, President		
	the appointment as registered agent an to comply with the provisions of all stat my duties, and I am famillar with and a is document is being filed merely to refi that the corporation has been notified i	Printed to typed name and tale ad agree to act in this capacity, utes relative to the proper and complete accept the obligation of my position as re ect a change in the registered office add in writing of this change.	egistered ress, I	
		March 6, 2017		
•	half of an entity:	Date		
	rped or Printed Name			
42	* * * 1017 7417 1410	E- #35 00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314