

NP000012024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

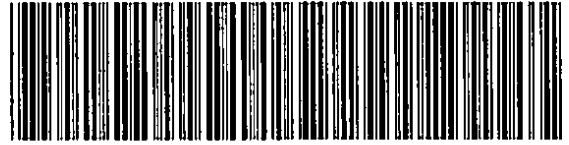
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100310697181

03/20/18 -01027--015 **35.00

S TALLENT

MAR 22 2018

FILED

18 MAR 20 AM 10:26

R/A-26

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH FLORIDA OTF MARKETING CO-OP, INC.
Name of Corporation

DOCUMENT NUMBER: N17000012024

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:

JODY MOUA

Name of Contact Person

PARACORP INCORPORATED

Firm/Company

PO BOX 160568

Address

SACRAMENTO, CA 95816

City/State and Zip Code

PARACORP@MYPARACORP.COM ✓

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

For further information concerning this matter, please call:

JODY MOUA

Name of Contact Person

at (888) 272-3725

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: SOUTH FLORIDA OTF MARKETING CO-OP, INC.
2. The principal office address: 6000 BROKEN SOUND PARKWAY NW, SUITE 200
BOCA RATON, FL 33487
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/05/2017 Document number: N17000012024

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)

PARACORP INCORPORATED

6000 BROKEN SOUND PARKWAY NW, SUITE 200

BOCA RATON, FL 33487

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

155 Office Plaza Drive, 1st Floor

P.O. Box NOT acceptable

Tallahassee, FL 32301

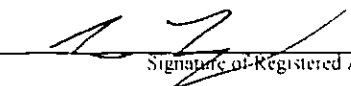
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

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

3/15/2018

Date

If signing on behalf of an entity:

MILTON VONG, ASST SECRETARY, PARACORP INCORPORATED

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)