

NR000005427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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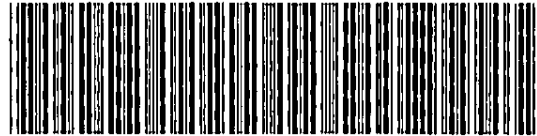
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE
JAN 11 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MacLennan Association of Professional Firefighters Inc
Name of Corporation

DOCUMENT NUMBER: N18000005427

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:

JOSHUA M. PRISTUPA
Name of Contact Person

MacLennan Association of Professional Firefighters Inc
Firm/Company

5795 RICHARDSON Rd
Address

GLEN ST. MARY FL 32040
City/State and Zip Code

jpristupa90@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josh Davis at (904) 463-0584
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: MACLENNY ASSOCIATION OF PROFESSIONAL FIREFIGHTERS INC
2. The principal office address: 139 E Macleenny Ave Macleenny, FL 32040
3. The mailing address (if different): 1947 SW Little Rd Lake City, FL 32024
4. Date of incorporation/qualification: 5/15/2018 Document number: 218002005427
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)

Smith, Zachary W

1947 SW Little Rd

Lake City, FL 32024

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

PRISTUPA, JOSHUA M

5795 Richardson Rd

P.O. Box NOT acceptable

Gen St. Mary, FL 32040

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.

Joshua P. Davis
Signature of an officer or director

Joshua P. Davis 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

12/16/18
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 (03/12)

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TALLAHASSEE, FL