## 118375

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF STATE ALLAHASSEE, FLORID,

FILED 15 MAR 23 PM 12: 14

T. LEMIEUX

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Refred Fastern Pros Association, INC.		
DOCUMENT NUMBER: N18375		
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:		
Everett N. Holland Name of Contact Person		
Retired Eastern Pilots Association, INC		
145 Hilden Rd #115		
Ponte Vedra FL 32081 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Everet Holland at 904 825-4934  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  Street Address: Amendment Section		
Amendment Section Amendment Section  Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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 Statute statement of change is submitted for a corporation organized under the laws of the State of <b>[2] c</b> in order to change its registered office or registered agent, or both, in the State of Florida	orida
1. The name of the corporation: Rehred Eastern Pilots Association, I. 2. The principal office address: 145 Hilden Rd, #115, Ponte Vedra, Fl	
3. The mailing address (if different):	
4. Date of incorporation/qualification: Document number:	•
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)	
Richard B. Nellis	
9547 Mariners Cove Lane	
Fort Myers, FL 33919	<b>7</b>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	SEURET
Everett N. Holland	23 F TARY ASSEE
P.O. Box NOT acceptable	PH 12:
Ponte Vedra, FL 32081	HE RIDA
The street address of its registered office and the street address of the business office of its regis as changed will be identical.	tered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.	· so
Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.  Signature of an officer dedirector  Printed or typed name and title	CLTOR
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 regagent. Or, if this document is being filed merely to reflect a change in the registered office addinereby confirm that the corporation has been notified in writing of this change.	gistered ess, I
Signature of Registered Agent  3/18/2015  Date	
If signing on behalf of an entity:	
Everett N. Holland 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