

N19 000000142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

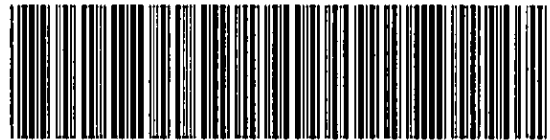
(Business Entity Name)

(Document Number)

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2020 OCT 23 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FL

12/14/20

On

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Treasure Coast Council of Black Nurses
Name of Corporation

DOCUMENT NUMBER: N19000000142

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:

Ophelia McDaniels

Name of Contact Person

Treasure Coast Council of Black Nurses

Firm/Company

P.O. Box 8931

Address

Port Saint Lucie Florida 34985

City/State and Zip Code

councilofnurses@gmail.com

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

For further information concerning this matter, please call:

Ophelia McDaniels

Name of Contact Person

at (772) 812-4100

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: Treasure Coast Council of Black Nurses
2. The principal office address: 2913 SE Cates Circle, Port Saint Lucie, Florida 34952
3. The mailing address (if different): P.O. Box 8931, Port Saint Lucie, Florida 34985
4. Date of incorporation/qualification: 12/31/18 Document number: N19000000142
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)

Resigned

MCDANIELS, NORMAN
2913 SE CATES CIRCLE
PORT SAINT LUCIE, FL

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

Natasha Harrison

817 SE 2nd Avenue #512

P.O. Box NOT acceptable

Fort Lauderdale, FL 33316

SECRETARY OF STATE
TALLAHASSEE, FL

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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.

Ophelia McDaniels
Signature of an officer or director

Ophelia McDaniels, 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.

Y. Harrison
Signature of Registered Agent

May 18, 2020
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)