

N20724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

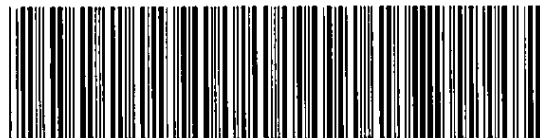
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SECRETARY OF STATE
DIVISION OF REVENUE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Parrish Cemetery Association
Name of Corporation

DOCUMENT NUMBER: N20724

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:

Mike Buice - President
Name of Contact Person

Parrish Cemetery Association
Firm/Company

PO Box 308
Address

Parrish FL 34219
City/State and Zip Code

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

For further information concerning this matter, please call:

Mike Buice at (941) 737-3961
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Parrish Cemetery Association, Inc.
2. The principal office address: P.O. Box 308 Parrish, FL 34219

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/19/1987 Document number: N20724

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)

Lynn Buice

12110 71st Street East

Parrish, FL 34219

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

Rabin Parker Gurley, P.A.

2653 McCormick Drive

P.O. Box NOT acceptable

Clearwater, FL 33759

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.

Shelly Goforth
Signature of an officer or director

Shelly Goforth Secretary
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

09-26-23
Date

If signing on behalf of an entity: RABIN
Bruce Rabin, President for
Typed or Printed Name

Rabin Parker Gurley P.A. *** FILING FEE: \$35.00 ***

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