## N21000002471

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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SECRE DAY OF STATE TALLAHASSEE, FL

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## **COVER LETTER**

TO:

Amendment Section Division of Corporations SUBJECT: Polk County Citizens Defending Freedom USA, Inc. Name of Corporation DOCUMENT NUMBER: N21000002471 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: Steve Maxwell Name of Contact Person Polk County Citizens Defending Freedom USA, Inc. Firm/Company 590 NW 3rd Street Address Mulberry, FL 32860 City/State and Zip Code steve@ccdfusa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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

Name of Contact Person

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee

Area Code & Daytime Telephone Number

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Steve Maxwell

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	of the corporation: Polk County Citizens Defending pal office address: 590 NW 3rd Street, Mulberry,			
	200.003			
3. The mailir	g address (if different):		<del></del> _	
	corporation/qualification: 3/1/2021			-
5. The name	and street address of the current registered agent partment of State: (If resigned, enter resigned)			-
	R. Reid Haney			
	101 F. Kennedy Boulevard, Suite 3700		رن دی	20:
	Tampa, FL 33602		ALL ALL	21 00
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			AHAS	)T -6
	Corporation Service Company		OF S SEE.	¥
	1201 Hays Street		بر بین استان ا	با :9
	PO Box NOT	acceptable	ī <del>r</del> i	φ.
	Tallahassee, FL 32301			
The street add as changed w	fress of its registered office and the street addr ill be identical.	ess of the business office of its registe	red agent,	
Such change authorized by	was authorized by resolution duly adopted by the board, or the corporation has been notified	its board of directors or by an officer s	ю	
	Su Maria	eve Maxwell, President		
	thate of an officer or director	Printed of typed name and elli-	<del></del>	
I hereby acce, I further agre of my duties, a document is b corporation h	ot the appointment as registered agent and age e to comply with the provisions of all statutes in and I am familiar with and accept the obligation eing filed merely to reflect a change in the reg as been notified in writing of this change.	ree to act in this capacity. relative to the proper and complete pe on of my position as registered agent, istered office address, I hereby confir	rformance Or, if this m that the	
	rice C Capsulaub ignature of Registered Agent	10/04/2021		
	Sharene of terRivated Villett	Date		

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE CR2E045 (04/13)