N21 000 008949

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COVER LETTER

Amendment Section

TO:

Division of Corporations	
SUBJECT: MCNICOL MIDDLE SCHOOL PTSA	
Name of Corporation	
DOCUMENT NUMBER: N21000008949	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
TIANNA POITIER	
Name of Contact Person	
MCNICOL MIDDLE SCHOOL PTSA	
Firm/Company	
1602 S 27TH AVE	
Address	
HOLLYWOOD / FL 33020	
City/State and Zip Code	
TIANNA.POITIER@BROWAR	RD SCHOOLS.COM
E-mail address: (to be used for future annual re	eport notification)
	•
For further information concerning this matter, plea	ase call:
TIANNA POITIER	at (754)3233400 Area Code & Daytime Telephone Numbe
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

Amendment Section
Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporation org	ganized under the laws of the State of FLORIDA gistered agent, or both, in the State of Florida.	
	the corporation: MCNICOL MIDDLE loffice address: 1602 S 27H AVE HOLD		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 7/2021	Document number: N21000008949	
	d street address of the current registere rtment of State: (If resigned, enter resigned)	ed agent and registered office on file with the gned)	
	RAQUEL MCDONALD/PATDRICA	BAILEY/DANTE GARAFALO	
	1602 S 27TH AVE		
	HOLLYWOOD, FL 33020		
6. The name an (if changed):		ngent (if changed) and /or registered office	
	TIANNA POITIER		
	1602 S 27TH AVE		
		. Box NOT acceptable	
	HOLLYWOOD, FL 33020		
The street addr as changed wil	ress of its registered office and the street length identical.	eet address of the business office of its registered agent,	
Such change w	ras authorized by resolution duly ador he board, or the corporation has been	pted by its board of directors or by an officer so inotified in writing of the change.	
1. 1. 1		RAQUEL MCDONALD/SECRETARY	
l Lbarahy accon	ure of an office or director t the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the	Printed or typed name and title and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the	
docúment is be corporation ha	ing filed merely to reflect a change in is been notified in writing of this chan i	t the registered office address, I hereby confirm that the ige.	
J Mai	tier	09/02/2022	
Si	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
TIANNA POIT			
•	Typed or Printed Name	FFF 625 00 + + +	
	* * * FILING	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314