## N25118

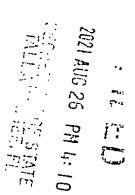
(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to I	Filing Officer:		

Office Use Only



500371278965

08/26/21--01010--001 \*\*36



A. Butle

## **COVER LETTER**

•

SUBJECT: Name of Corporation  DOCUMENT NUMBER:  N25118  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:  KENNETH K. KRUG  Name of Contact Person  AMERICAN LEGION  Firm/Company  P.O. BOX 81  Address:  HAWTHORNE, FLORIDA 32640  City/State and Zip Code  paulkrug16@ gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  KENNETH K. KRUG  Name of Contact Person  At (954 ) 646-1717  Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  According Measurement Services  According Measurement Services	TO: Ameno Divisio	lment Section on of Corporations	
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:  KENNETH K. KRUG  Name of Contact Person  AMERICAN LEGION  Firm/Company P.O. BOX 81  Address  HAWTHORNE, FLORIDA 32640  City/State and Zip Code  paultrug16@ gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  KENNETH K. KRUG  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Street Address:	SUBJEÇT:		230, INC.
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:  KENNETH K. KRUG  Name of Contact Person  AMERICAN LEGION  Firm/Company  P.O. BOX 81  Address  HAWTHORNE, FLORIDA 32640  City/State and Zip Code  paulkrug16@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  KENNETH K. KRUG  Name of Contact Person  The function of Contact Person  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Street Address:	Name of Corpo	oration	
Please return all correspondence concerning this matter to the following:  KENNETH K. KRUG  Name of Contact Person  AMERICAN LEGION  Firm/Company P.O. BOX 81  Address  HAWTHORNE, FLORIDA 32640  City/State and Zip Code	DOCUMENT	NUMBER: N25118	
RENNETH K. KRUG  Name of Contact Person AMERICAN LEGION  Firm/Company P. O. BOX 81  Address HAWTHORNE, FLORIDA 32640  City/State and Zip Code     paulkrug16@ gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  KENNETH K. KRUG     at ( 954 646-1717 )     Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Street Address:	The enclosed S	Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Name of Contact Person  AMERICAN LEGION  Firm/Company P. O. BOX 81  Address  HAWTHORNE, FLORIDA 32640  City/State and Zip Code  paulkrug16@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  KENNETH K. KRUG  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Street Address:	Please return a	Il correspondence concerning this	s matter to the following:
Name of Contact Person  AMERICAN LEGION  Firm/Company P. O. BOX 81  Address  HAWTHORNE, FLORIDA 32640  City/State and Zip Code  paulkrug16@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  KENNETH K. KRUG  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Street Address:			
AMERICAN LEGION  Firm/Company P. O. BOX 81  Address  HAWTHORNE, FLORIDA 32640  City/State and Zip Code	KENNETH K.	KRUG	
Firm/Company P. O. BOX 81  Address HAWTHORNE, FLORIDA 32640  City/State and Zip Code			
Address HAWTHORNE, FLORIDA 32640  City/State and Zip Code  paulkrug16@ gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  KENNETH K. KRUG  Name of Contact Person  The Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Street Address:			
Address HAWTHORNE, FLORIDA 32640  City/State and Zip Code	, ,	<i>'</i>	
HAWTHORNE, FLORIDA 32640  City/State and Zip Code			<del></del>
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  KENNETH K. KRUG  Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Street Address:		i, FLORIDA 32640	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  KENNETH K. KRUG  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Street Address:	City/State and	·	
For further information concerning this matter, please call:  KENNETH K. KRUG  Name of Contact Person  at (954 ) 646-1717  Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Street Address:		paulkrug16@ gmail.com	
Name of Contact Person at (954 646-1717  Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Street Address:	E-mail addres	ss: (to be used for future annua	l report notification)
Name of Contact Person at (954 646-1717  Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Street Address:			
Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Street Address:	For further info	ormation concerning this matter, p	please call:
Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Street Address:	KENNETH K.	KRUG	954 646-1717
Mailing Address: Street Address:		Name of Contact Person	Area Code & Daytime Telephone Number
	Enclosed is a \$	\$35.00 check made payable to the	Department of State.
	<u>N</u>	Hailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this mge is submitted for a corporation organized under the laws of the State of <u>FLORIDA</u>	\$
in orde	er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	AMERICAN LEGION POST NO. 230, INC.	
	the corporation:  1217 SE COUNTY ROAD 219A, HAWTHORNE, FLORIDA 32640 office address:	
2		
3. The mailing a	P.O. BOX 81, HAWTHORNE FLORIDA 32640	
4. Date of incorp	poration/qualification: MARCH 1, 1988 Document number: N25118	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	KENNETH K. KRUG	
	1682 SE COUNTY ROAD 219A	.) 5
	HAWTHORNE, FL 326-40	P
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  KENNETH K. KRUG		
	KENNETH K. KRUG	
	384 SE 28th LOOP	
	P.O. Box NOT acceptable MELROSE, FLORIDA 32666	
The street address changed will	ess of its registered office and the street address of the business office of its registered I be identical.	l age
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Lennet	KENNETH K. KRUG, COMMANDER	
/	are of an officer or director Printed or typed name and fille	
I hereby accept I further agree of my duties, an document is ber corporation ha	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performed I am familiar with and accept the obligation of my position as registered agent. Of ing filed merely to reflect a change in the registered office address. I hereby confirm so been notified in writing of this change.	rma r. if t that t
Barreth	25. Zur 8/23/21	
If signing on be	chalf of an entity:	
<del></del> '1	Typed or Printed Name	

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