

N29244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

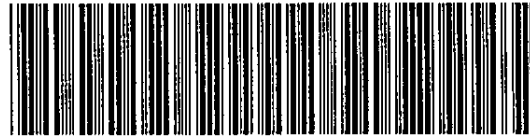
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Professional Firefighters of Ocala, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N29244

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:

Alan G. Peters

Name of Contact Person

Professional Firefighters of Ocala, Inc.

Firm/Company

P.O. Box 461

Address

Ocala, Florida 34478

City/State and Zip Code

apeters242@cox.net

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

For further information concerning this matter, please call:

Alan G. Peters

Name of Contact Person

at ( 352 ) 789-2922

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: Professional Firefighters of Ocala, Inc.
2. The principal office address: 1905 S.W. 30th Court, Ocala, Florida 34474
3. The mailing address (if different): P.O. Box 461, Ocala, Florida 34478
4. Date of incorporation/qualification: 11/14/1988 Document number: N29244
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)

Robert V. Altman

2315 N.E. 29th Terrace

Ocala, Florida 34470

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

Robert V. Altman

1905 S.W. 30th Court

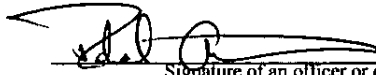
P.O. Box NOT acceptable

Ocala, Florida 34474

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

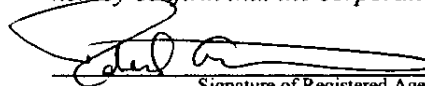
Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Robert V. Altman, 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.*

  
\_\_\_\_\_  
Signature of Registered Agent

July 23, 2012

Date

If signing on behalf of an entity:

Professional Firefighters of Ocala, Inc.

Typed or Printed Name

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