

N35002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2011 MAY 23 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TBrown

6-2-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marine Industries Association of Collier County
Name of Corporation

DOCUMENT NUMBER: N35002

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:

Summer Hoglund
Name of Contact Person

MIACC
Firm/Company

PO Box 9887
Address

Naples, FL 34101
City/State and Zip Code

Director@MIACC.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Summer Hoglund at (239) 682-0900
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
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: Marine Industries Association of Collier County, Inc.

2. The principal office address: 5629 Whisperwood Blvd. Apt. 801
Naples, FL 34110

3. The mailing address (if different): PO Box 9887
Naples, FL 34101

4. Date of incorporation/qualification: 10/31/89 Document number: N35002

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)

Summer Hoglund
2527 Grove Isle Court
Naples, FL 34109

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

5629 Whisperwood Blvd. Apt. 801
Naples, FL 34110

P.O. Box NOT acceptable

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.

Summer Hoglund
Signature of an officer or director

Summer Hoglund, Executive Director
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.

Summer Hoglund
Signature of Registered Agent

5/19/11
Date

If signing on behalf of an entity:

Summer HOGGLUND
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FILED
2011 MAY 23 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA