

N35152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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SEP 26 2015
C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2016

DEBRA R BUFF
110 DR MARTIN LUTHER KING JR BLVD WEST
BELLE GLADE, FL 33430

SUBJECT: PALM BEACH COUNTY MUNICIPAL CLERKS ASSOCIATION, INC.
Ref. Number: N35152

We have received your document for PALM BEACH COUNTY MUNICIPAL CLERKS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

SIGNATURES ARE REQUIRED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 916A00019285

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1609Palm Beach County Municipal Clerks Association
Name of Corporation

DOCUMENT NUMBER: N35152

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:

Debra R. Buff

Name of Contact Person

Palm Beach County Municipal Clerks Association

Firm/Company

110 Dr Martin Luther King Jr Blvd, West

Address

Belle Glade, FL 33430

City/State and Zip Code

dbuff@belleglade-fl.com

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

For further information concerning this matter, please call:

Debra R. Buff

Name of Contact Person

at **561 992-1609**

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: Palm Beach County Municipal Clerks Association
2. The principal office address: 110 Dr Martin Luther King Jr Blvd, West
Belle Glade, FL 33430
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/13/1989 Document number: N35152

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)

Resigned Treasurer Howard Venice
AND Registered agent


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

Debra R. Buff, Treasurer / Registered Agent
110 Dr Martin Luther King Jr Blvd, West
P.O. Box NOT acceptable
Belle Glade, FL 33430

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

Debra R. Buff, Past 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

08-15-2016

Date

If signing on behalf of an entity:

DEBRA R. BUFF
Typed or Printed Name

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