

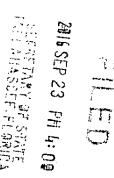
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SEP 2 6 2015 C. CARROTHERS



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

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

.561 .992-1609

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

statement of cha	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Palm Beach	County Municipal Clerks Association	
	office address: 110 Dr Mart ade, FL 33430	in Luther King Jr Blvd, West	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 11/13/	989 Document number: N35152	
Florida Depar	rtment of State: (If resigned, ente		
	Resigned Treasurer	Howard Venice	
	AND Registered	Howard Venice SEP. Floring	
6. The name and (if changed):	•	ered agent (if changed) and /or registered office	
		er/Registered Agent	
	110 Dr Martin Luther P.O.	Box NOT acceptable	
	Belle Glade, FL 33430	<u> </u>	
The street addre	ess of its registered office and the be identical.	e street address of the business office of its registered agent,	
Such charge wa authorized by th	as authorized by resolution duly ne beard, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
Deh	SIST	Debra R. Buff, Past President	
I hereby accept I further agree to performance of agent. Or, if the	to comply with the provisions of my duties, and I am familiar wil	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I otified in writing of this change.	
Kelin	JUST	08-15-2016	
	nature of Registored Regent half of an entity:	Date	
DEBRA 1	R. Buff yped or Printed Name	-	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (03/12)