

N37023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

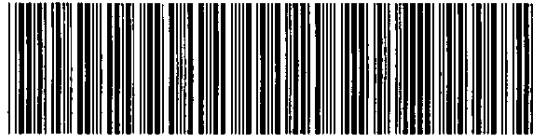
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800156392578

06/01/09--01020--016 **35.00

FILED
09 JUN - 1 AM 11:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

60
6/3/09
71

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Broward County Council of Chambers of Commerce Inc
Name of Corporation

DOCUMENT NUMBER: N 37 023

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:

DONNA Adelkopf
Name of Contact Person

Broward County Council of Chambers
Firm/Company

13762 W. State Road 84, #54
Address

DAVIE FL 33325
City/State and Zip Code

westonchamberofcommerce@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNA Adelkopf at (954) 389-0600
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Broward County Council of Chambers of Commerce Inc
2. The principal office address: 330 N. Federal Hwy
Hollywood FL 33020
3. The mailing address (if different): 13762 W. State Road 84 #54
DAVIE FL 33325
4. Date of incorporation/qualification: 3/7/90 Document number: N37023
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)

DONNA Adelskopf
1290 Weston Rd #312
Weston FL 33326

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

DONNA Adelskopf
5051 Lakewood Dr
Cooper City FL 33333

P.O. Box NOT acceptable

FILED
09 JUN - 1 AM 11:08
SECRETARY OF STATE
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.

Donna Adelskopf
Signature of an officer or director

DONNA Adelskopf, Treas
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.

Donna Adelskopf
Signature of Registered Agent

5/29/09
Date

If signing on behalf of an entity:

DONNA Adelskopf
Typed or Printed Name

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