138411

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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OCT 1 0 2015 C. CARROTHERS

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJE	ORANGE LAKE PO. 10733 VETERANS OF FORIEGN WARS OF THE UNITED STATES CT: Name of Corporation				
	•				
DOCU	MENT NUMBER: N38411				
	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
	George A Armenteros				
Name of Contact Person					
	Orange Lake VFW Post 10733				
Firm/Company					
PO Box 607					
Address					
Orange Lake, FL 32681					
City/State and Zip Code					
georgearmenteros@me.com					
E-mail address: (to be used for future annual report notification)					
•	2 man audices (se ee abed ier ravare aan an repere nemens				
For furt	ther information concerning this matter, please call:				
Geo	orge A Armenteros 7022050				
	Name of Contact Person at (570) 7022050 Area Code & Daytime Telephone Number				
Enclose	ed 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 ch	ange is submitted for a corporation orga	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Florida stered agent, or both, in the State of Florida.	
		10733 VETERANS OF FOREIGN WARS OF THE UNITED STAT	FS
1. The name of	the corporation: VFW POST 10733	19241 N. HWY 441, ORANGE LAKE fL 320	 681
2. The principa	l office address: VI VI OCT 10700,	10241 N. HWY 441, OWNIGE EARL IE 021	
3. The mailing	address (if different): VFW POST 10	733, PO BOX 607, ORANGE LAKE FL 326	B1
4. Date of incom	rporation/qualification: 6/1/1990	Document number: N38411	
	nd street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file with the ned)	
	Michael, Ralosky T (Resig	ned)	
	2254 NW 186th Lane		
	Citra, Fl. 32113		
6. The name an (if changed):		gent (if changed) and /or registered office	
	George A Armenteros		,,
	18545 N W 45th Ave Rd		
	Citra FI 32113	OT acceptable	ار بسر اد بید
The street addr as changed wil	ress of its registered office and the stree	et address of the business office of its registered ager	ıt,
Such change w		ed by its board of directors or by an officer so	
Jeac (amenteros	Quartermaster	
Lhereby accen	ure of an officer of director It the appointment as registered agent a It to comply with the provisions of all sta If my duties, and I am familiar with and his document is being filed merely to re It that the corporation has been notified	Printed or typed name and title and agree to act in this capacity, atutes relative to the proper and complete accept the obligation of my position as registered flect a change in the registered office address, I in writing of this change.	
Deage (1 amates	9/30/2016	
	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
	Armenteros Typed or Printed Name		
	- / p or a common common		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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