

N40119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

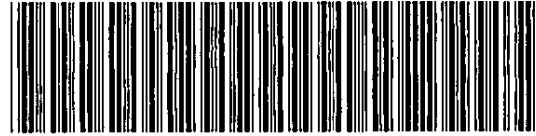
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400248289864

05/28/13--01013--004 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY 28 PM 12:05

RA
C
S
5-3670

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PORT ST. LUCIE GOVERNMENTAL FINANCE CORPORATION
Name of Corporation

DOCUMENT NUMBER: N40119

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:

EDWIN M. FRY, JR.

Name of Contact Person

PORT ST. LUCIE GOVERNMENTAL FINANCE CORPORATION

Firm/Company

121 SW PORT ST. LUCIE BLVD

Address

PORT ST. LUCIE, FL 34984

City/State and Zip Code

EFRY@CITYOFFPSL.COM

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

For further information concerning this matter, please call:

EDWIN M. FRY, JR.

Name of Contact Person

at (**772**) **871-5191**

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: PORT ST. LUCIE GOVERNMENTAL FINANCE CORPORATION
2. The principal office address: 121 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/26/1990 Document number: N40119

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)

GREGORY J. ORAVEC

121 SW PORT ST. LUCIE BLVD

PORT ST. LUCIE, FL 34984

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

JEFF BREMER

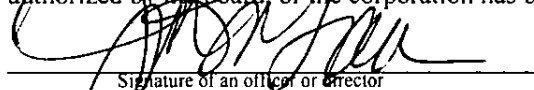
121 SW PORT ST. LUCIE BLVD

P.O. Box NOT acceptable

PORT ST. LUCIE, FL 34984

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

JOANN M FAIELLA, 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.



Signature of Registered Agent

5-15-2013

Date

If signing on behalf of an entity:

JEFF BREMER

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 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY 28 PM 12:05