

MS0000000830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

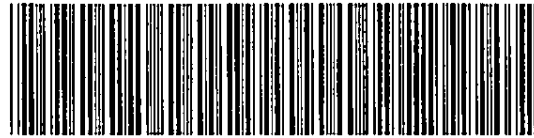
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 23 2017
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CUMBERLAND INDUSTRIAL PARK ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N95000000830

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:

Neil Rose

Name of Contact Person

Rose Services, Inc.

Firm/Company

170 Cumberland Park Dr.

Address

St. Augustine, Florida 32095

City/State and Zip Code

nrose@aol.com

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

For further information concerning this matter, please call:

Alexandra M. Amador, Esq. at (904) 396-0090 xt 226
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CUMBERLAND INDUSTRIAL PARK ASSOCIATION, INC.
2. The principal office address: 170 Cumberland Park Dr., St. Augustine, Florida 32095

3. The mailing address (if different): 170 Cumberland Park Dr., St. Augustine, Florida 32095

4. Date of incorporation/qualification: 2/20/1995 Document number: N95000000830

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)

FL-Atlantic of NE Florida

12620 Beach Blvd, Suite 3

St. Augustine, Florida 32246

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

Neil Rose

170 Cumberland Park Dr.

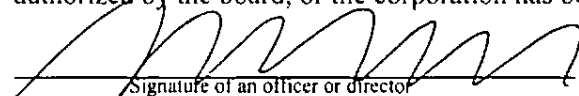
P.O. Box NOT acceptable

St. Augustine, Florida 32095

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TALLAHASSEE, FLORIDA

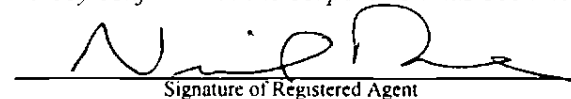
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Jeffrey C. Zewski
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

October 17, 2017
Date

If signing on behalf of an entity:

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)