

N96000003372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

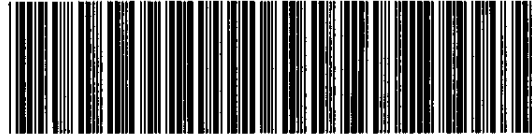
(Business Entity Name)

(Document Number)

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change

09/16/15--01017--020 **35.00

SEP 16 2015
TALLAHASSEE, FLORIDA

2015 SEP 16 PM 3:44

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Donna gave permission
to add Principal
office address

SEP 21 2015

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gulf Coast Workforce Development Board, Inc.
Name of Corporation

DOCUMENT NUMBER: N96 000 00 3372

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:

Deb Blair
Name of Contact Person

Gulf Coast Workforce Development Board
Firm/Company

5230 W. Highway 98
Address

Panama City FL 32401
City/State and Zip Code

dblair@r4careersourcegc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deb Blair at (850) 913-3285
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: Gulf Coast Workforce Development Board, Inc
2. The principal office address: 5230 West Highway 98
Panama City, FL 32401-1058
3. The mailing address (if different): same as above

4. Date of incorporation/qualification: 6-24-96 Document number: N96000003372

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)

Robert Swenk

124 Dragon Circle

Panama City FL 32408

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

John Reeves

310 W. Williams Avenue

P.O. Box NOT acceptable

Port St. Joe, FL 32456

FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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.

Kimberly R. Bodine
Signature of an officer or director

Kimberly Bodine, Executive 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]
Signature of Registered Agent

9-9-15
Date

If signing on behalf of an entity:

John Reeves

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