

N98000000888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

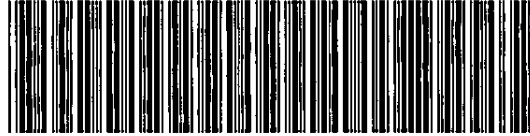
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB -3 PM 3:56

FEB 5 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marietta Bulls Bay Athletic Association
Name of Corporation

DOCUMENT NUMBER: N98000000888

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:

Gina Fowler
Name of Contact Person

MBAA - New President
Firm/Company

8590 Commonwealth Ave
Address

Jacksonville, FL 32200
City/State and Zip Code

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

For further information concerning this matter, please call:

Gina Fowler at (904) 545-3843
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: Marietta Bulls Bay Athletic Association
2. The principal office address: 361 Bulls Bay Hwy
Jacksonville, FL 32220
3. The mailing address (if different): P.O. Box 16663
Jacksonville, FL 32221 36
4. Date of incorporation/qualification: _____ Document number: N98000000888
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)

Danny Haynes - Resigned
730 Roland Lake Dr.
Jacksonville, FL 32220

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

Gina M. Fowler
8590 Commonwealth Ave
P.O. Box NOT acceptable
Jacksonville, FL 32220

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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.

Gina Fowler
Signature of an officer or director

Gina Fowler - President
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.

Gina Fowler
Signature of Registered Agent

1-28-16
Date

If signing on behalf of an entity:

Gina Fowler
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