

N980000004180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

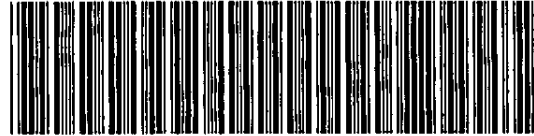
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500283655965

03/23/16--01006--002 **35.00

FILED
2016 MAR 23 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA/RD/ch8

MAR 29 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Okeechobee Community Improvement Association INC
Name of Corporation

DOCUMENT NUMBER: N98000004180

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:

Sylvester Whitaker
Name of Contact Person

Okeechobee Community Improvement Assoc
Firm/Company

933 NE 15th Ave.
Address

Okeechobee FL 34972
City/State and Zip Code

Sylvester W Sylvester Whitaker 52@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sylvester Whitaker at (863) 634-4660
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Okeechobee Community Improvement Assoc.
2. The principal office address: 833 NE 15th Ave
Okeechobee FL 34972
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/17/98 Document number: 198000004180

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)

George L. Robertson
275 SW 25th St.
Okeechobee FL 34974

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

Sylvester Whitaker
833 NE 15th Ave
Okeechobee FL 34972

P.O. Box NOT acceptable

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]
Signature of an officer or director

George L. Robertson 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

3/14/16
Date

If signing on behalf of an entity:

Typed or Printed Name

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

FILED
2016 MAR 23 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA