## N9900000 1884

(Requestor's Name)					
(Ad	ldress)				
(Ad	ddress)				
(Cit	ty/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Bu	siness Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
J DENNIS					
JUN 22 2023					

Office Use Only



200405782602

04/03/23--01016--017 \*\*35.00

THE FILED STATES OF STATES

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: FRIENDS OF MARCO ISLAND FLOTILLA 9-5. INC. Name of Corporation
OCUMENT NUMBER: N99000001884
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:
William S Gorski
Name of Contact Person
Friends of Marco Island Flotilla 9-5, Inc.
Firm/Company
60 June Court
Address
Marco Island, FL 34145
City/State and Zip Code
gorskiws@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William S Gorski 219 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
William S Gorski  Name of Contact Person  at (219 ) 864-4194  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

The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a	corporation organize	607.1508, or 617,1508, Florida S and under the laws of the State of $\frac{\mathbf{F}}{2}$ and $\mathbf{F}$ and $\mathbf{F}$ and $\mathbf{F}$ and $\mathbf{F}$ are the state of Figure 2.	lorida
	the corporation: Friends		•	w.
	office address: 903 Col			
3. The mailing a	iddress (if different): S.	АМЕ		
			Document number: N9900000	18849
	I street address of the c tment of State: (If resign		nt and registered office on file wit	h the
	Laura Schneider			
	5810 Greenwood Circl	c		
	Naples, FL 34112			
6. The name and (if changed):	I street address of the n	new registered agent	(if changed) and /or registered offi	ice
	William S. Gorski			
	160 June Court			
			IOT acceptable	
	Marco Island, FL 3414			
The street address changed will	ess of its registered off be identical.	fice and the street ad	dress of the business office of its	registered agent,
Such change was	as authorized by resolute hoard, or the corpor	ution duly adopted bration has been notif	y its board of directors or by an oried in writing of the change.	officer so
Sut	M. While	£	Keith W. Wohltman, President	, <del></del> _
I hereby accept I further agree of my duties, an document is bei	the appointment as re to comply with the pro d I am familiar with a ing filed merely to refl to been notified in writi	ovisions of all statute and accept the obliga- ect a change in the i	Printed or typed name and title agree to act in this capacity. The series relative to the proper and compution of my position as registered registered office address, I hereby the series of the seri	
If signing on be	half of an entity:			
William S. Gorsi	ĸi			
	yped or Printed Name			

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