

POO C C C C C 1 0 0 1 0

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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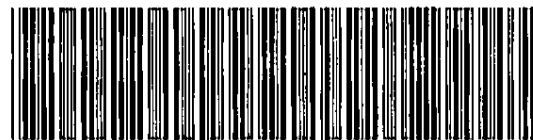
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

6/7/21
SF

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE ARGOSY PROGRAM, INC.
Name of Corporation

DOCUMENT NUMBER: P00000010010

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:

ANTONY UNDERWOOD

Name of Contact Person

THE ARGOSY PROGRAM, INC.

Firm/Company

P.O. BOX 3008

Address

PALM BEACH, FL 33480

City/State and Zip Code

antony@theargosy.uk

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

For further information concerning this matter, please call:

HOPE BARRON

Name of Contact Person

at (561) 795-4448

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

**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: THE ARGOSY PROGRAM, INC.
2. The principal office address: 1400 ALABAMA AVE., STE #9, WEST PALM BEACH, FL 33401
3. The mailing address (if different): P.O. BOX 3008, PALM BEACH, FL 33480
4. Date of incorporation/qualification: 01/15/2000 Document number: P00000010010
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)

JAMES J DONOVAN, CPA

8409 N MILITARY TRAIL, STE #119

PALM BEACH GARDENS, FL 33410

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

BARRON & KOGAN, CPAs

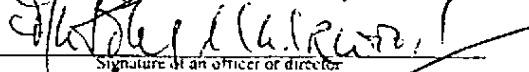
12798 W FOREST HILL BLVD, STE 204

P.O. Box NOT acceptable

WELLINGTON, FL 33414

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

ANTONY UNDERWOOD, 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.


Signature of Registered Agent

April 13, 2021
Date

If signing on behalf of an entity:

HOPE BARRON, CPA

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 (04/13)

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2021 MAY -3 AM 2:59
SECRETARY OF STATE
TALLAHASSEE, FL