P03 000083721

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Bud Beech Basketball Camps, Inc. Name of Corporation
DOCUMENT NUMBER: P03000083221
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:
Joanne Beech
Name of Contact Person
Bud Beech Basketball Camps, Inc.
Firm/Company
217 South Mill Ridge Trail
Address
Ponte Vedra Beach, Florida 32082
City/State and Zip Code
beechjr@comcast.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joanne Beech at (904)233.3505
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State. #35

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 ch	nange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: Bud Beech Baske	tball Camps, Inc.	
2. The principal office address: 217 South Mill Ridge Trail, Ponte Vedra Beach, Florida 32082			
3. The mailing	address (if different): Same		
	rporation/qualification: July 30, 20	03 Document number: P03000083221	
	nd street address of the current registartment of State: (If resigned, enter	stered agent and registered office on file with the	
	Robert B Persons Jr.		
	2215 South Third Street, Suite 101		
	Jacksonville Beach, Florida 32250)	
6. The name ar (if changed):	_	red agent (if changed) and /or registered office	
	Joanne Beech	() 	
	217 South with Ridge tran		
P.O. E		P.O. Box NOT acceptable	
	Ponte Vedra Beach, Florida 32082	بــــــــــــــــــــــــــــــــــــ	
The street add as changed wi	ress of its registered office and the Il be identical.	e street address of the business office of its registered agent.	
		adopted by its board of directors or by an officer so been notified in writing of the change.	
	There	Lewis H. Beech Jr.	
_	ture of an officer or director	Printed or typed name and title	
of my duties, a document is be corporation he	e to comply with the provisions of and I am familiar with and accept eing filed merely to reflect a chan as been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and commune performance the obligation of my position as registered agent. Or if this ge in the registered office address, I hereby confirm that the change.	
Joanne Beech		September 28, 2020	
Signature of Registered Agent		Date	
If signing on b	behalf of an entity:		
	Typed or Printed Name	_	
	* * * FILI	ING 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)