

PU9000 102243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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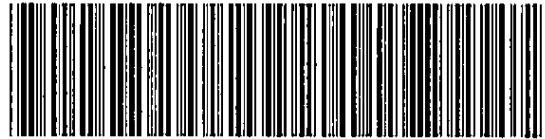
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Employees Appreciation Fund, Inc.**

Name of Corporation

DOCUMENT NUMBER: **P0900/02243**

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:

Carole W. Karsch

Name of Contact Person

Employees Appreciation Fund, Inc

Firm/Company

22605 Camino Del Mar #1133

Address

Boca Raton, Florida 33433

City/State and Zip Code

cwkarsch@gmail.com

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

For further information concerning this matter, please call:

Carole W. Karsch

Name of Contact Person

561 961-0749

at () 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: Employees Appreciation Fund, Inc.
2. The principal office address: 22605 Camino Del Mar, Apt. 1133 Boca Raton, Florida 33433
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/22/2009 Document number: PO9000/02243
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)

Connie Packman

22605 Camino Del Mar #1340

Boca Raton, Florida 33433

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

Carole W. Karsch

22605 Camino Del Mar #1133

P.O. Box NOT acceptable

Boca Raton, Florida 33433

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Elaine Kahaner
Signature of an officer or director

Elaine Kahaner Secretary
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.

Carole W. Karsch
Signature of Registered Agent

June 24, 2019
Date

If signing on behalf of an entity:

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 (03/12)