

P160000025427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

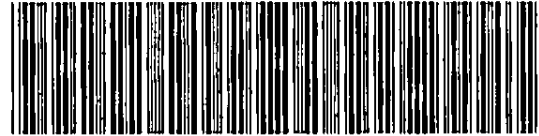
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/05/17 01013 009 35.00

2018 MAR -5 AM 11:00

MAR 07 2018
C. MCNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

2018 MAR -5 AM 10:14

SUBJECT: **Real Estate Coordinators, Inc.**

Name of Corporation

DOCUMENT NUMBER: **P16000025427**

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:

Julie A. Thrasher

Name of Contact Person

Real Estate Coordinators, Inc.

Firm/Company

5593 Marseilles Port Lane

Address

Boynton Beach, FL 33472

City/State and Zip Code

Juleski75@yahoo.com

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

For further information concerning this matter, please call:

Julie A. Thrasher

Name of Contact Person

at (**561**) **603-6218**

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: Real Estate Coordinators, Inc.
2. The principal office address: 5593 Marseilles Port Lane, Boynton Beach, FL 33472

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/17/2016 Document number: P16000025427

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)

Julie A. Laird

5593 Marseilles Port Lane

Boynton Beach, FL 33472

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

Julie A. Thrasher

- I got married & changed my last name.

5593 Marseilles Port Lane

P.O. Box NOT acceptable

Boynton Beach, FL 33472

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

Julie A. Laird - 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

2/26/18

Date

If signing on behalf of an entity:

Typed or Printed Name

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

Department of Health - Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)



CFN 20170381066

OR BK 29432 PG 1819

RECORDED 10/27/2017 10:02:11

Palm Beach County, Florida

Sharon R. Bock, CLERK & COMPTROLLER

Pg 1819; (1pg)

50-2017-ML-008801-XXXX-MB

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) CHRISTOPHER THRASHER		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year) FEBRUARY 26, 1973
3a. RESIDENCE - CITY, TOWN, OR LOCATION BOYNTON BEACH	3b. COUNTY PALM BEACH	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) FLORIDA
5. NAME OF SPOUSE (First, Middle, Last) JULIE ANNE LAIRD		5b. MAIDEN SURNAME (if applicable)	6. DATE OF BIRTH (Month, Day, Year) NOVEMBER 21, 1975
7a. RESIDENCE - CITY, TOWN, OR LOCATION BOYNTON BEACH	7b. COUNTY PALM BEACH	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) FLORIDA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

SIGNATURE OF SPOUSE (Sign full name using black ink)

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
OCTOBER 27, 2017

TITLE OF OFFICIAL
Deputy Clerk

12. SIGNATURE OF OFFICIAL (Use black ink)

SIGNATURE OF SPOUSE (Sign full name using black ink)

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
OCTOBER 27, 2017

TITLE OF OFFICIAL
Deputy Clerk

16. SIGNATURE OF OFFICIAL (Use black ink)

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE Palm Beach County	18. DATE LICENSE ISSUED OCTOBER 27, 2017	18a. DATE LICENSE EFFECTIVE OCTOBER 27, 2017	19. EXPIRATION DATE DECEMBER 26, 2017
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20a. SIGNATURE OF COURT CLERK OR JUDGE

20b. TITLE
Clerk of Court

20c. BY D.C.

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) OCTOBER 27, 2017	22. CITY, TOWN, OR LOCATION OF MARRIAGE WEST PALM BEACH
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23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)

23c. ADDRESS (Of person performing ceremony)
205 N DIXIE HWY WPB FL 33401

23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY
(Or notary stamp)
MIGUEL RAMIREZ
DEPUTY CLERK

24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY. NOT TO BE RECORDED.

I hereby certify the foregoing is a true copy of the record in my office with redactions, if any as required by law as of this day, Nov 06, 2017.
Sharon R. Bock, Clerk and Comptroller, Palm Beach County, Florida
BY _____ Deputy Clerk