708808

(R	equestor's Name)	 	
(A	ddress)	<u> </u>	
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(B	dusiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to	o Filing Officer:	274	
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Office Use Only

COVER LETTER

TO: Ai	mendment Section vision of Corporations			
SUBJECT Name of C	Change of Registered Agent for Congregation S	Schaarai Zedek		
DOCUM	ENT NUMBER: 708808			
	sed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.		
Please reti	irn all correspondence concerning this matter	to the following:		
Traci Kleii	1			
Name of C	Contact Person			
Congregat	on Schaarai Zedek			
Firm/Com	pany			
3303 W. S	wann Ave.			
Address				
Tampa, FL	33609			
City/State	and Zip Code			
	tklein@zedek.org			
E-mail ac	ldress: (to be used for future annual report	t notification)		
For furthe	r information concerning this matter, please c	call:	29.	·
Traci Klei	1	at (813)876-2377 x217	سور دو ما	
	Name of Contact Person	at (813) 876-2377 x217 Area Code & Daytime Telephone Nu	mber	
Enclosed	is a \$35.00 check made payable to the Depart	tment of State.	P! և: 39	of STAI
	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	39	

Tallahassee, FL 32301

CR2E045 (04/13)



January 14, 2020

TRACI KLEIN ONGREGATION SCHAARAI ZEDEK 3303 W SWANN AVE TAMPA, FL 33609

SUBJECT: CONGREGATION SCHAARAI ZEDEK, INC.

Ref. Number: 708808

We have received your document for CONGREGATION SCHAARAI ZEDEK, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

2020 . 1.4. 2.7 . 1.11

Letter Number: 520A00000986

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: Congregation Schaarai Zedek
2. The principal office address: 3303 West Swann Avenue, Tampa, Florida 33609-4643
3. The mailing address (if different):
4. Date of incorporation/qualification: December 15,1894 Document number: 708808
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)
Resigned 27
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Traci Cleri/Longregation Schaaa: Fede 3303 West Swam Are. P.O Box NOT acceptable Tange & 37409-4443
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.
MALLWAY MARC LEVINE EXECUTIVE DIRECTOR Signature of an officer or director 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 17/21/19 Date
If signing on behalf of an entity:
Traci Klein Typed or Printed Name

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