

N 000 0000 5982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

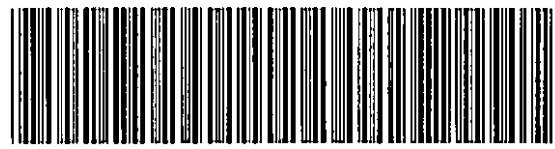
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Military Heritage Museum  
Name of Corporation

DOCUMENT NUMBER: N00000005982

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:

GARY Butler  
Name of Contact Person

Military Heritage Museum  
Firm/Company

900 W. MARION Ave.  
Address

Punta Gorda FL 33950  
City/State and Zip Code

info@freedomisntfree.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY Butler at ( 941 ) 575-9002  
Name of Contact Person 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: Military Heritage Museum

2. The principal office address: 900 W. Marion Ave.  
Punta Gorda FL 33950

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/05/2000 Document number: N00000005982

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)

1200 W. Retta Esplanade #48  
Punta Gorda FL 33950

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

900 W. Marion Ave.  
P.O. Box NOT acceptable  
Punta Gorda FL 33950

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TALLAHASSEE, FL

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.

Michael H. Wooster  
Signature of an officer or director

Michael H. Wooster V.P.  
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.

Gary Butler  
Signature of Registered Agent

10/23/2019  
Date

If signing on behalf of an entity:

GARY BUTLER  
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