

N 000000006292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

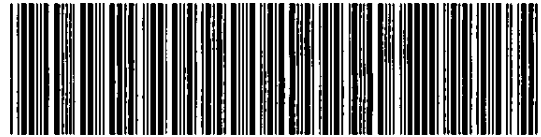
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600158526886

07/24/09--01011--012 **35.00

FILED
09 JUL 24 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA Chang

7-29-09

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NONPROFIT LEADERSHIP CENTER OF TAMPA BAY, INC.
Name of Corporation

DOCUMENT NUMBER: N00000006292

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:

GRACE ARMSTRONG
Name of Contact Person

NONPROFIT LEADERSHIP CENTER OF TAMPA BAY, INC.
Firm/Company

1111 N. WESTSHORE BLVD, SUITE 215
Address

TAMPA, FL 33607
City/State and Zip Code

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

For further information concerning this matter, please call:

GRACE ARMSTRONG at (813) 287-8779
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: NONPROFIT LEADERSHIP CENTER OF TAMPA BAY, INC.
2. The principal office address: 1111 N. WESTSHORE BLVD., SUITE 215
TAMPA, FL 33607-4711
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/20/2006 Document number: N000000006292
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)

GINGER WATTERS

1111 N. WESTSHORE BLVD., SUITE 215

TAMPA, FL 33607-4711

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

ARMSTRONG, GRACE

1111 N. WESTSHORE BLVD., SUITE 215

P.O. Box NOT acceptable

TAMPA, FL 33607-4711

FILED
09 JUL 24 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Virginia P. Watters
Signature of an officer or director

VIRGINIA P. WATTER, CHAIR
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.

Grace Armstrong
Signature of Registered Agent

7/21/09
Date

If signing on behalf of an entity:

Grace Armstrong
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