

N01 00000 6844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

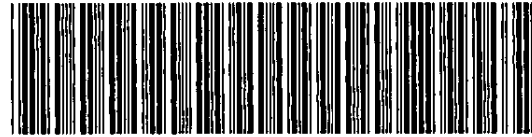
(Business Entity Name)

(Document Number)

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*EXEM
8/1/13*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Book Island Festival, Inc
Name of Corporation

DOCUMENT NUMBER: N01000006844

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:

Susan Siegmund
Name of Contact Person

Amelia Island Book Festival
Firm/Company

P.O. Box 15286
Address

Fernandina Beach, FL 32035
City/State and Zip Code

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

For further information concerning this matter, please call:

Susan Siegmund at (904) 753-2474
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: Book Island Festival, Inc
2. The principal office address: 516 South 10th Street
Fernandina Beach, FL 32034
3. The mailing address (if different): P.O. Box 15286
Fernandina Beach, FL 32035
4. Date of incorporation/qualification: _____ Document number: N0100006844

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)

Shroads, James L.
914 Atlantic Avenue
Fernandina Beach, FL 32034

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

Susan Siegmund
516 South 10th Street
P.O. Box NOT acceptable
Fernandina Beach, FL 32034

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.

Terri Wright
Signature of an officer or director

Terri Wright, Immediate Past 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.

Susan M Siegmund
Signature of Registered Agent

31 July 2013
Date

If signing on behalf of an entity:

Typed or Printed Name

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