

N03 000006716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Change of Address for Registered Agent
Name of Corporation _____

DOCUMENT NUMBER: N03000006716

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:

Beth Harrington
Name of Contact Person _____
Florida Keys Foster and Adoptive Parent Association
Firm Company _____
PO Box 371861
Address _____
Key Largo, FL 33070
City State and Zip Code _____
tklapato@gmail.com

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

For further information concerning this matter, please call:

Beth Harrington _____ at (305) 4346966
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Florida Keys Foster and Adoptive Parent Association
2. The principal office address: 87745 Overseas Hwy, Apt 1; Islamorada, FL 33036

3. The mailing address (if different): PO Box 371861

4. Date of incorporation/qualification: 08-01-2003 Document number: N03000006716

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)

Beth A. Harrington
175 Pearl Ave
Tavernier, FL 33037

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

Beth A Harrington
87745 Overseas Hwy, Apt 1
Islamorada, FL 33036
P.O. Box NOT acceptable

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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.

Beth A. Harrington
Signature of an officer or director

Beth A Harrington
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.

Beth A Harrington
Signature of Registered Agent

12-04-20
Date

If signing on behalf of an entity:

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