

N10000010789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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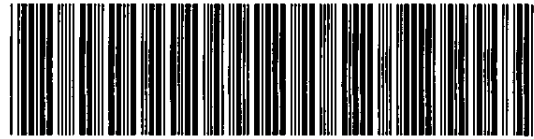
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

C. LEWIS
NOV 4 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tri-County Optimist Club Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: N 10000010789

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:

Nereida Benson
Name of Contact Person

Tri-County Optimist Club Florida, Inc.
Firm/Company

2507 Maverick Way
Address

The Villages, FL 32162
City/State and Zip Code

Nery666@centurylink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nereida Benson at (352) 431-0320
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: Tri-County Optimist Club Florida, Inc.
2. The principal office address: 2507 Maverick Way
The Villages, FL 32142
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: Nov 15, 2010 Document number: N10000010789
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)

Thomas J. Price
3409 Fairfield Street
The Villages, FL 32162

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

Nereida Benson
2507 Maverick Way
P.O. Box NOT acceptable
The Villages, FL 32142

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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.


Signature of an officer or director

John R Benson 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.

Nereida Benson
Signature of Registered Agent

10/11/2013
Date

If signing on behalf of an entity:

Typed or Printed Name

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