

N1800000 1408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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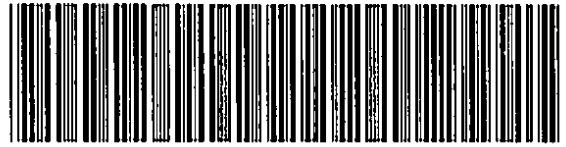
(Business Entity Name)

(Document Number)

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2020 AUG 12 10:01  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2020

PATRICIA M. CRISP  
GREAT OAKS HISTORICAL SOCIETY, INC.  
2305 FILLMORE DRIVE  
MARIANNA, FL 32448

SUBJECT: GREAT OAKS HISTORICAL SOCIETY, INC.  
Ref. Number: N18000001408

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 220A00015216

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Great Oaks Historical Society, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 18000001408F

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:

Patricia M. Crisp

Name of Contact Person

Great Oaks Historical Society, Inc.

Firm/Company

2305 Fillmore Drive

Address

Marianna, FL 32448

City/State and Zip Code

bpcrisp@gmail.com

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

For further information concerning this matter, please call:

Patricia M. Crisp, Secretary/Treasurer

at ( 850 ) 482-5276

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

8/19/20

**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: Fuqua, Milton & Carter, PA GREAT OAKS HISTORICAL SOCIETY,  
2. The principal office address: 4450 Lafayette Street, Marianna, FL 32446- 2305 FILLMORE DRIVE  
MARIANNA, FL 324

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

4. Date of incorporation/qualification: February 8, 2018 Document number: N18000001408

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)

~~A. Clay Milton (resigned)~~ Fuqua, Milton & Carter, PA RESIGNED  
~~2840 Lafayette Street~~ 4450 LAFAYETTE STREET  
~~Marianna, FL 32446~~ MARIANNA, FL 32446

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

William R. Stanton, Jr., President  
2305 Fillmore Drive  
P.O. Box NOT acceptable  
Marianna, FL 32448

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.

William R. Stanton, Jr.  
Signature of an officer or director

William R. Stanton, Jr., 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.

William R. Stanton, Jr.  
Signature of Registered Agent

May 14, 2020

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  
CR2E045 (04/13)