

N95000002357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

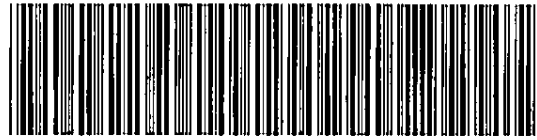
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE AFFAIRS
2019 NOV - 8 AM 8:50

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11/20/19

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2019

SCOTT FE GORDON
2 N TAMiami TR STE 500
SARASOTA, FL 34236

SUBJECT: MOLOKAI CO-OP, INC.
Ref. Number: N95000002357

We have received your document for MOLOKAI CO-OP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 319A00022229

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Molokai Co-op, Inc.
Name of Corporation

DOCUMENT NUMBER: N95000002357

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:

Scott E. Gordon, Esq.
Name of Contact Person

Lutz, Bobo & Telfair, P.A.
Firm/Company

2 N. Tamiami Trail, Suite 500
Address

Sarasota, FL 34236
City/State and Zip Code

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

For further information concerning this matter, please call:

Scott E. Gordon, Esq. at (941) 951-1800
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: Molokai Co-op, Inc.

2. The principal office address: 1 Hawaiian Way, Leesburg, FL 34788

3. The mailing address (if different):

4. Date of incorporation/qualification: 5/15/95 Document number: N95000002357

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)

Richard P. Newman

1000 West Main St.

Leesburg, FL 34748

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

Scott E. Gordon, Esq.

2 N. Tamiami Trail, Suite 500

P.O. Box NOT acceptable

Sarasota, FL 34236

2019 NOV - 8 AM 8:50
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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.

Jennifer Nutt
Signature of an officer or director

Jennifer Nutt Dir.
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.

[Signature]
Signature of Registered Agent

11-4-19
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