

N 000000004627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

JUL 10 2017

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HILLSBOROUGH ART EDUCATION ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N00000004627

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:

BILL HAVRE

Name of Contact Person

REGISTERED AGENTS, INC.

Firm/Company

3030 ROCKY POINT DR. #150A

Address

TAMPA, FL. 33607

City/State and Zip Code

AGENT@FLORIDAREGISTEREDAGENT.COM

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

For further information concerning this matter, please call:

LAURA TIERNEY

Name of Contact Person

at

( 813 ) 968-7902

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: HILLSBOROUGH ART EDUCATION ASSOCIATION, Inc.
2. The principal office address: 4600 W. KENNEDY BLVD.  
TAMPA, FL. 33609
3. The mailing address (if different): P.O. BOX 75834  
TAMPA, FL. 33675
4. Date of incorporation/qualification: 07/12/2000 Document number: N00000004627
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)

ALBERT SALUM (DECEASED)  
4600 W. Kennedy Blvd.  
Tampa, FL 33609

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

Registered Agents Inc.

3030 N. Rocky Point Dr. STE 150A

P.O. Box NOT acceptable

Tampa FL 33607

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.

Laura Tierney  
Signature of an officer or director

LAURA TIERNEY, TREASURER  
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.*

Bill Havre

Signature of Registered Agent

6/27/17

Date

If signing on behalf of an entity:

Bill Havre

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 (03/12)

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA