

373323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Machg

AUG 16 2017

R. WHITE

**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: HAINES FAMILY GROUP, INC.
2. The principal office address: 7269 E. HORSE HAMMOCK ROAD  
AVON PARK, FL 33825-9649
3. The mailing address (if different): same
4. Date of incorporation/qualification: 11/30/70 Document number: 373323
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)

KATHRYN L. HAINES

25187 Papillion Dr.

Bonita Springs, FL 3413

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

K. L. HAINES

7269 E. HORSE HAMMOCK ROAD

P.O. Box NOT acceptable

AVON PARK, FL 33825-9649

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.

K. L. Haines  
Signature of an officer or director

KATHRYN L. HAINES  
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.

K. L. Haines  
Signature of Registered Agent

08/11/17  
Date

If signing on behalf of an entity:

K. L. HAINES  
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

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: HAINES FAMILY GROUP, INC.  
Name of Corporation

DOCUMENT NUMBER: 373323

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:

KATHLYN L. HAINES  
Name of Contact Person

HAINES FAMILY GROUP, INC.  
Firm/Company

7269 E. Horse Hammock Rd.  
Address

AVON PARK, FL 33825-9649  
City/State and Zip Code

Kate 0801@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHLYN HAINES at ( 239 ) 961-2778  
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