

503236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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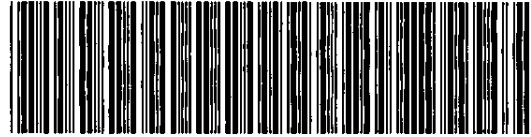
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 27 2014

EXAMINER



**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: Peace River Wildlife Sanctuary Inc.  
2. The principal office address: 33 SW 18 Terr. Miami FL 33129  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/11/1976 Document number: 503236

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)

Warren, Robert Mr  
33 SW 18 Terr.  
Miami FL 33129

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

Peter B. Cagle PA  
2555 Ponce de Leon Blvd. #320  
P.O. Box NOT acceptable  
Coral Gables FL 33134

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.

*Drew Kern*  
Signature of an officer or director

Drew Kern  
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.*

*Peter B Cagle*  
Signature of Registered Agent

5/12/14  
Date

If signing on behalf of an entity:

Peter B Cagle

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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SECRETARY OF STATE  
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