

700220

(XLI)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

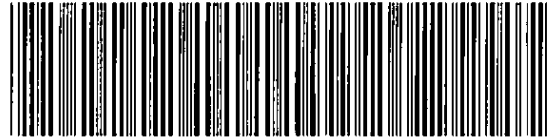
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Kiwanis Club of Dunedin, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 700220

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:

Joseph E Garrison

Name of Contact Person

Joseph E Garrison CPA PA

Firm/Company

Post Office Box 1221

Address

Dunedin FL 34697-1221

City/State and Zip Code

dunedincpa@gmail.com

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

For further information concerning this matter, please call:

Joseph E Garrison

Name of Contact Person

at ( 727 )

535-2257

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