

709404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GARDEN CLUB OF ST Augustine
Name of Corporation

DOCUMENT NUMBER: 709404

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:

TRUDI Edenfield
Name of Contact Person

Firm/Company

50 Wandering Woods Way
Address

Ponte Vedra Beach, FL 32082-0618
City/State and Zip Code

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

For further information concerning this matter, please call:

Trudi Edenfield at (904) 686-9320
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: Garden Club of St Augustine, Inc
2. The principal office address: 3440 Old Mainline Rd
St Augustine, FL 32086-5477
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1965 Document number: 709404
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)

Craig Raynor
132 Paloma Pt
St Augustine, FL 32084-8690

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

Trudi Edenfield
50 Wandering Wood Way
P.O. Box NOT acceptable
Ponte Vedra Be, FL 32082-0618

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.

Craig Raynor
Signature of an officer or director

Craig Raynor, 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.

Trudi Edenfield
Signature of Registered Agent

4/30/2019
Date

If signing on behalf of an entity:

Trudi Edenfield
Typed or Printed Name

*** FILING FEE: \$35.00 ***