## 714936

(Reque	stor's Name)	
(Addres	55)	<del>-</del>
(Addres	ss)	
(City/St	ate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nam	e)
(Docum	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



300354994223

11/16/20--01014--001 \*\*35.00

79 16 FT 4:50

R WH'TE

## COVER LETTER

TO: Amendment S Division of Co			
	Hon Garden Cl	ub Inc.	
DOCUMENT NUMI	BER: 714936	<u> </u>	
		ce/Agent and fee are submitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
Dianne J. Name of Contact Pers	Amburn		
Mitton Gav Firm/Company	den Club Inc.	<del></del>	
5256 ala Address	barna Street	<del></del>	
Milton F City/State and Zip Co	Torida 32570	<u></u>	
E-mail address: (to l	bama, Street  Jorida 32570  de dianne amburn 20  de used for future annual repo	nt notification)	
For further information	n concerning this matter, please	call:	
Dianne J.	Amburn	at (330) 319-5124  Area Code & Daytime Telephone Number	
Name	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00	check made payable to the Depa	rtment of State.	
<u>Mailing</u>	Address: ment Section	Street Address:	
		Amendment Section	
P.O. Bo	n of Corporations ox 6327	Division of Corporations The Centre of Tallahassee	
.,			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## 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: Milton Garden Club Inc.
2. The principal office address: 5256 alabama Street
Milton Florida 32570
3. The mailing address (if different):
4. Date of incorporation/qualification: 7-12-68 Document number: 714936
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)
Linda S. Threlkeld (Resigned)
5256 alabama Street
Milton Florida 32570
6. The name and street address of the <u>new</u> registered agent (if changed) and /or registered office (if changed):
Dianne J. Amburn
5256 Alabama Street P.O. Box NOT acceptable
Milton Florida 32570
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.
Tatricia Cummins President  Patricia Cummins President  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.
Mianue J. Ob 11-10-20 Signature of Registered Agent Date
If signing on behalf of an entity:
Dianne J. Amburn 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 (04/13)