

715398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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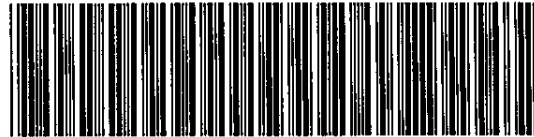
(Business Entity Name)

(Document Number)

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16 DEC 14 AM 10:18
SOUTH CAROLINA
DIVISION OF CORPORATIONS

DEC 16 2016
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: United Way of Suwannee Valley, Inc.
Name of Corporation

DOCUMENT NUMBER: 715398

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:

Jayne L. Wilson

Name of Contact Person

United Way of Suwannee Valley

Firm/Company

871 SW State Road 47

Address

Lake City, FL 32025

City/State and Zip Code

Jayne@unitedwsv.org

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

For further information concerning this matter, please call:

Rita Dopp

Name of Contact Person

at (386) 752-5604 x 104
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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 DEC 14 AM 10:12

**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: United Way of Suwannee Valley, Inc.
2. The principal office address: 871 SW State Road 47, Lake City, FL 32025-0433

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/4/1968 Document number: 715398

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)

Tom W. Brown
116 NW Columbia Avenue
Lake City, FL 32055

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

John W. Burns, III
234 SW Main Blvd.
P.O. Box NOT acceptable
Lake City, FL 32025

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STATE
DIVISION OF CORPORATIONS
DEC 14 AM 10:19

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.

[Signature]
Signature of an officer or director

Rita Lopp, Executive Director
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.

[Signature]
Signature of Registered Agent

12-8-16
Date

If signing on behalf of an entity:

John W. Burns III
Typed or Printed Name

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