

718695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

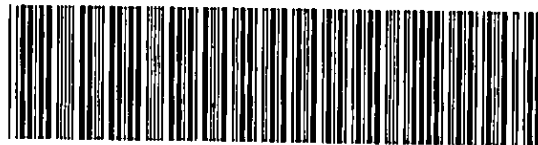
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300305219983

11/27/17--01013--028 **35.00

S TALLENT
NOV 28 2017

FILED
17 NOV 27 PM 3:27
CLERK OF SUPERIOR COURT
ALABAMA

R/A-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TARPON SPRINGS HOSPITAL FOUNDATION, INC.
Name of Corporation

DOCUMENT NUMBER: 718695

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:

Sarah Sneath

Name of Contact Person

Adventist Health System

Firm/Company

900 Hope Way

Address

Altamonte Springs, FL 32714

City/State and Zip Code

sarah.sneath@ahss.org

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

For further information concerning this matter, please call:

Sarah Sneath

Name of Contact Person

at (407) 357-2333

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: TARPON SPRINGS HOSPITAL FOUNDATION, INC.
2. The principal office address: 1395 SOUTH PINELLAS AVENUE, TARPON SPRINGS, FL 34689

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/23/1970 Document number: 718695

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)

Karen Owensby

1395 SOUTH PINELLAS AVENUE

TARPON SPRINGS, FL 34689

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

Patricia Williams

1395 SOUTH PINELLAS AVENUE

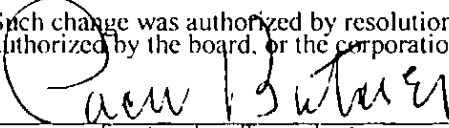
P.O. Box NOT acceptable

TARPON SPRINGS, FL 34689

FILED
17 NOV 27 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

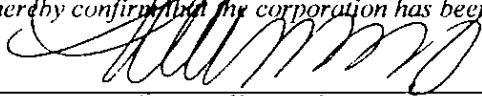
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

JACK BUTCHER, S
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 of Registered Agent

11/13/17
Date

If signing on behalf of an entity:

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)