

721205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

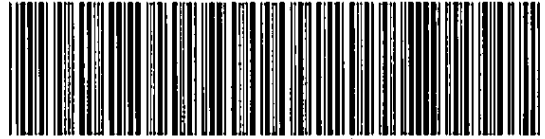
(Business Entity Name)

(Document Number)

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ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Osceola County Council on Aging, Inc.
Name of Corporation

DOCUMENT NUMBER: 7212305

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:

Wendy Ford
Name of Contact Person

Osceola County Council on Aging, Inc.
Firm/Company

700 Generation Point
Address

Kissimmee, FL 34744
City/State and Zip Code

fordw@osceola-coa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy Ford at (407) 846-8541
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2020 OCT 16 PM 3:31

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2020

WENDY FORD
700 GENERATION POINT
KISSIMMEE, FL 34744

SUBJECT: OSCEOLA COUNTY COUNCIL ON AGING, INC.
Ref. Number: 721205

We have received your document for OSCEOLA COUNTY COUNCIL ON AGING, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 820A00020440

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Osceola County Council on Aging, Inc.
2. The principal office address: 700 Generation Point, Kissimmee, FL 34744

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 6/21/1971 Document number: 7212305

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)

Fred Cumble
100 Church Street
Kissimmee, FL 34741

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

Wendy Ford
700 Generation Point, Kissimmee, FL 34744
P.O. Box Not acceptable

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

Wendy Ford / President and CEO
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

10/23/2020
Date

If signing on behalf of an entity:

Wendy Ford
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)