726762

(Re	questor's Name)	
· (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		of Status
Special Instructions to	Filing Officer:	
•		
II		

Office Use Only



200159878922

08/31/09--01007--018 **35.00

Z009 AUG 31 PM 2: 39
SECRETARY OF STATE

R.A

TB

SEP -2 2009

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BUTLER CHAIN CONSERVATION ASSOCIATION, INC. Name of Corporation
DOCUMENT NUMBER: # 726762
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:
Name of Contact Person
Firm/Company
POB 1067 WINDERMERE FL Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ann Connolly at (407) 876 - 4123 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH . FOR CORPORATIONS

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: BUTLER CHAIN CONSERVATION ASSOCIATION, INC.
2. The principal office address: # 4226 DOWN EAST LANE
WINDERMERE FL 34786
3. The mailing address (if different): POB 405
WINDERMERE FL 34786
4. Date of incorporation/qualification: <u>JUNE 22 1973</u> Document number: <u>726 762</u>
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)
Frank L Page CPA
6068 S Apopka Vineland Rd Ste 5 = 3
Orlando, FL 32819
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LUCY COGSWELL FOR A
10553 Down LAKE VIEW CIR P.O. Box NOT acceptable
WINDERMERE FI 34786
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 ANN CONNOCY 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 Agent So, 2009
\mathcal{O}
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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