## 729280

(Re	equestor's Name)	
(Ad	dress)	<del>.</del>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	_





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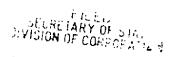
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MAY 3 1 2018 1.1.CHAIR

## **COVER LETTER**



2818 MAY 29 AM 11: 48

Amendment Section Division of Corporations TO:

SUBJECT: Florida Governor's Council on Indian Affairs, Inc.		
Name of Corporation		
DOCUMENT NUMBER: 729280		
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:		
Caitlin Proud		
Name of Contact Person		
Florida Governor's Council on Indian Affairs, Inc.		
Firm/Company		
625 N. Adams Street		
Address		
Tallahassee, FL 32301		
City/State and Zip Code		
cproud@fgcia.org		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Caitlin Proud  Name of Contact Person  at (850 566-4288)  Area Code & Daytime Telephone Number		
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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rockange its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Florida Governor's Council on Indian Affairs, Inc.
2. The principal	office address: 625 N. Adams St. Tallahassee, FL 32301
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 04/04/1974 Document number: 729280
	I street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Curtis Osceola
	1341 Cross Creek Circle
	Tallahassee, FL 32301
6. The name and (if changed):	Tallahassee, FL 32301  I street address of the new registered agent (if changed) and /or registered office
	Caitlin Proud  625 N. Adams St
	625 N. Adams St.
	Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.  Acting Executive  Cartin Proud Director  Printed or typed name and title
I further agree performance of agent, Or, if th	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Caitling	Provid nature of Registered Agent  Date  Date
If signing on be	half of an entity:
T	yped 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 \* \* \*

CR2E045 (03/12)