737744

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

Amendment Section

Division of Cor			
SUBJECT:	Florida Trapshooter Name of	S Association, Inc	.
DOCUMENT NUMBE	R:	737744	
The enclosed Statement	of Change of Registered Off	fice/Agent and fee are su	bmitted for filing.
Please return all correspondent	ondence concerning this mat	ter to the following:	
	Saral	h Jacobs Contact Person	<u></u>
	Name of C	Contact Person	
		ooters Association	
	Firm/	Company	
	7760 Pa	lomino Trail	
	A	ddress	
	Jacksonvil City/State	le, FL 32244 and Zip Code	
	sarahjulop ail address: (to be used for	@gmail.net	<u>. </u>
E-m	ail address: (to be used for	future annual report r	notification)
For further information of	oncerning this matter, pleas	e call:	
	ah Jacobs	at (<u>904</u>)	771-2602 Paytime Telephone Numbe
Name of	Contact Person	Area Code & D	Paytime Telephone Numbe
Enclosed is a \$35.00 che	ck made payable to the Dep	artment of State.	
	Mailing Address: Amendment Section	Street Addı Amendmer	ress:
	Division of Corporations		f Corporations
	P.O. Box 6327	Clifton Bu	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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 Sta nge is submitted for a corporation organized under the laws of the State of Fl r to change its registered office or registered agent, or both, in the State of Flo	orida		
	he corporation: Florida Trapshooters' Association, Inc.			
2. The principal	office address: 7760 Palomino Trail Jacksonville, FL 32244			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 01/05/1977 Document number:	737	744	
	street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	the		
	Crystal Bennett			
	6908 Simca Dr.			
	Jacksonville, FL 32277		12 师	M.
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered offic	ee	6	₩ W.
	Sarah Jacobs	· (*)		
	7760 Palomino Trail P.O. Box NOT acceptable	; , ;	. ઝુ	"แบบวิห์"

The same at a date.	Jacksonville, FL 32244	wagist	arad aa	ant.
	ess of its registered office and the street address of the business office of its be identical.			7111,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an cone board, or the corporation has been notified in writing of the change.	officer	so	
	Ralph Bennett, President Signature of an officer or director Ralph Bennett, President Printed or typed name and title			
I hereby accept I further agree of my duties, an document is bei corporation has	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 comply with the proper and complet I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereby seen notified in writing of this change.	plete pe agent. v confi	erforma Or if rm that	ince this the
Sig	Later 12/8/11 nature of Registered Agent Date			_
If signing on be	half of an entity:			
	cobs, Secretary/Treasurer yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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