

740204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

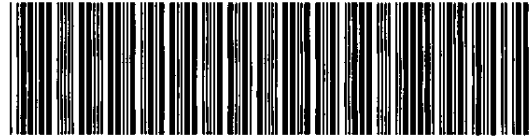
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

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2014 SEP - 8 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOOR
9/12/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kiwanis Club of North Port, Inc
Name of Corporation

DOCUMENT NUMBER: 740204

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:

Robert G. Coulter
Name of Contact Person

Firm/Company

228 Southampton Lane
Address

Venice FL 34293-4278
City/State and Zip Code

bandmcoult@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert G. Coulter at (941) 626 2488
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

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: Kiwanis Club of North Port, Inc.
2. The principal office address: 3145 Paar Circle
Port Charlotte FL 33981 1028
3. The mailing address (if different): P.O. Box 7222
North Port FL 34290-0222
4. Date of incorporation/qualification: 9/21/1977 Document number: 740204
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)

Robert G. Coulter
3145 Paar Circle
Port Charlotte FL 33981 1028

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

Robert G. Coulter
228 Southampton Lane
Venice FL 34293-4278

P.O. Box NOT acceptable

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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.

Constantine Palm Abramoff
Signature of an officer or director

Constantine Palm - Abramoff, Secretary
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.

Robert G. Coulter
Signature of Registered Agent

8/6/2014
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
CR21E045 (03/12)