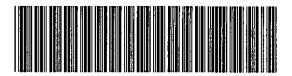
740750

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| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECACIÁRY OF STAIC TAILAHASSTE FLORIDA

SEP 062016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Florida Craftsmen

Name of Corporation

DOCUMENT NUMBER: 740750

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:

Kathryn Howd

Name of Contact Person

Florida Craftsmen

Firm/Company

501 Central Ave

Address

St. Petersburg, FL 33701

City/State and Zip Code

info@floridacraftart.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Howd

,727 3651

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 ch | ange is submitted for a corporation org | 502, 607.1508, or 617.1508, Florida Statute anized under the laws of the State of <mark>Florida</mark> istered agent, or both, in the State of Florida | 3 |
|--|--|--|--|
| 1. The name of | the corporation: Florida Craftsme | en | |
| 2. The principal | office address: 501 Central Ave, | St. Petersburg, FL 33701 | |
| 3. The mailing a | address (if different): n/a | | |
| 4. Date of incor | poration/qualification: 8/1988 | Document number: 740750 | |
| | d street address of the current registered timent of State: (If resigned, enter resigned) | dagent and registered office on file with the ned) | |
| | Diane Shelly (resigned) | | 2 |
| | Florida Craftsmen, 501 Central Ave. | | |
| | St. Petersburg, FL 33701 | | 2916 AUG 22 35 CRUTAAN TANK TAHASS |
| 6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed): | | | 2 AH 7: |
| | Kathryn Howd | | i i |
| Florida Craftsmen, 501 Central Ave. | | | |
| P.O. Box NOT acceptable St. Petersburg, FL 33701 | | | |
| The street addre | ess of its registered office and the stree | et address of the business office of its regis | tered agent, |
| as changed will | | ed by its board of directors or by an officer | . 80 |
| authorized by the | he board, or the corporation has been n | ed by its board of directors or by an officer to the in writing of the change. | 30 |
| Kelly Ruoff, Secretary, Board of Directors Printed or typed name and title | | | |
| I hereby accept I further agree to performance of agent. Or, if the | the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and | nd agree to act in this capacity. Itutes relative to the proper and complete accept the obligation of my position as reg flect a change in the registered office addi | gistered ess, I |
| (De | 2 Knd | Kathryn Howd, President, Board of [| Directors |
| If signing on be | half of an entity: | Date | |
| organiz on oc | man or an cities. | | |
| Ty | ped 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 * * *