## 745182

(Requestor's Name)		
(Address)		
(Address)		
·		
(City/State/Zip/Phone #)		
(Gity/State/Zip/Filone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		

Office Use Only



000416576280 RA & RO Charge

10/05/23--01016--009 \*\*35.00

NO OCT -5 PHE 29

A. RAMSEY 0CT 17 2023

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: BAKER COUNTY HISTORICAL SOC	IETY, INC.
Name of Corporation	
DOCUMENT NUMBER: 745182	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Verona Burnham	
Name of Contact Person	
Baker County Historical Society	
Firm/Company	
P. O. Box 856	
Address	
Macclenny, FL 32063	
City/State and Zip Code	<del></del>
E-mail address: (to be used for future annual re	constructioning.com
For further information concerning this matter, ple	ase call:
Verona Burnham	at ( 904 )237-9891  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	epartment of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of char	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida	
	0 0 2	registered agent, or both, in the State of Florida.	
1. The name of th	ne corporation: BAKER COUNT	Y HISTORICAL SOCIETY, INC.	
2. The principal o	office address: 42 W. McIver Ave	nue; Macclenny, FL 32063	
3. The mailing ac	ddress (if different): P. O. Box 85	6; Macclenny, FL 32063	
	oration/qualification: 12/11/1978		
5. The name and		cred agent and registered office on file with the	
_	Timothy D. Whelan		
	7885 Winder Road		
-	Macclenny, FL 32063	2023	
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	
	Verona Burnham		
-	1051 Eagle Creek Way	70 5	
P.O. Box NOT acceptable			
-	Sanderson, FL 32087		
The street addres as changed will i	ss of its registered office and the be identical.	street address of the business office of its registered agent,	
Such change was authorized by the	s authorized by resolution duly ac e board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
Tilo	Libert	Tyler Roberts, Vice President	
Signature	of an officer or director	Printed or typed name and title	
I hereby accept t I further agree to of my duties, and document is bein corporation has	the appointment as registered age to comply with the provisions of a d I am familiar with and accept the g filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this is in the registered office address, I hereby confirm that the hange.	
Ulua Sign	Bullan ature of Registered Agent	9-28-2023 Date	
If signing on beh	nalf of an entity:		
Tyı	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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