

754 154

Requester's Name

Donna Harshman
415 Sleepy Hollow Dr.
Interlachen, FL 32148

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-04/06/00--01043--003
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| | | |
|----|--------------------|--------------|
| 1. | (Corporation Name) | (Document #) |
| 2. | (Corporation Name) | (Document #) |
| 3. | (Corporation Name) | (Document #) |
| 4. | (Corporation Name) | (Document #) |

FILED
00 APR -5 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Photocopy |
| | | <input type="checkbox"/> Certificate of Status |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

754 154
PAC 4.5.00

Examiner's Initials

**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,
the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation is: PUTNAM COUNTY HUMANE SOCIETY, INC.

2. The mailing address of the corporation is: Box 188, HOLISTER, FL 32147

3. Date of incorporation/qualification: 9/15/80 Document number: 754154

4. The name and address of the current registered agent and office:

DON PETERMAN

124 CEDAR CREEK ROAD

PALATKA, FL 32177

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

DONNA HARSHMAN

415 SLEEPY HOLLOW DRIVE

INTERLACHEN, FL 32148

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.

Joan M. Gray

(Signature of an officer, chairman or vice chairman of the board)

4/3/00

(Date)

JOAN G. GRAY, SECRETARY

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated
corporation, 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.

Donna Harshman

(Signature of Registered Agent)

3/28/00

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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