

754444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2016 MAY -5 P 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9102 90 AM
MAY 06 2016
T. LEMIEUX

Handwritten signature

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: Tallahassee Senior Citizens Foundation, INC
2. The principal office address: 1400 N Monroe Street
Tallahassee, FL 32303
3. The mailing address (if different): _____
4. Date of incorporation/qualification: October 20, 1980 Document number: 754444
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)

deceased

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

Michael P. Spellman

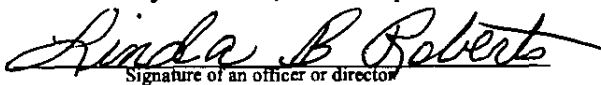
123 N. Monroe Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

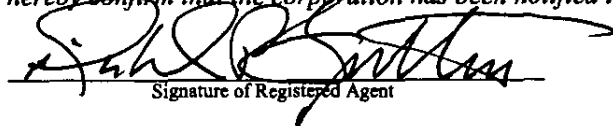
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Linda B. Roberts, President

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.


Signature of Registered Agent

May 2, 2016
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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tallahassee Senior Citizens Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: 754444

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:

Ms. Sheila Salyer

Name of Contact Person

Tallahassee Senior Citizens Foundation, Inc

Firm/Company

1400 N Monroe St

Address

Tallahassee, FL 32303

City/State and Zip Code

neil.brown@talgov.com

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

2018 MAY -5 P 12:11
TALLAHASSEE, FLORIDA
DEPT. OF STATE

FILED

For further information concerning this matter, please call:

Neil Brown

Name of Contact Person

at (850) 891-4034

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