

764470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

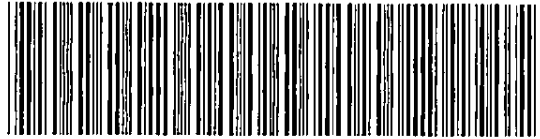
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500434690765

FILED

2024 OCT 24 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2024 OCT 24 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Ben Bolen - Ben.Bolen@cscglobal.com  
Ext:  
Date: 10/24/24  
Order #: 1660794-1  
Re: FLORIDA CHAPTER OF THE WILDLIFE SOCIETY, INC.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

A handwritten signature in black ink, appearing to read "Ben Bolen", is written over a faint circular stamp or watermark.

Enclosed please find:

Change of Registered Agent and Office  
Check in the amount of: \$35 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis  
Issue proof of filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA CHAPTER OF THE WILDLIFE SOCIETY, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 764470

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:

Maria Zondervan

Name of Contact Person

FLORIDA CHAPTER OF THE WILDLIFE SOCIETY, INC.

Firm/Company

6197 Linneal Beach Dr

Address

Apopka, FL 32703

City/State and Zip Code

president@fltws.org

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

For further information concerning this matter, please call:

Maria Zondervan

at (407)

832-4242

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: FLORIDA CHAPTER OF THE WILDLIFE SOCIETY, INC.
2. The principal office address: 155 Research Road, Quincy, FL 32351
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 08/06/1982 Document number: 764470
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)

FLORIDA CHAPTER OF THE WILDLIFE SOCIETY, INC.

155 Research Road Quincy, FL 32351

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

Corporation Service Company

1201 Hays 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.

Maria Zondervan  
Signature of an officer or director

Maria Zondervan, 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.

Corporation Service Company

By: Am

Signature of Registered Agent

10/24/2024

Date

If signing on behalf of an entity:

Amanda Miller

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

CR2E045 (04/13)