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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 : (888)706-7274 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

OCT 3 1 2010

REGISTERED AGENT CHANGE

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NATIONAL WILD TURKEY FEDERATION, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: NATIONAL WILD TURKEY FEDERATION, INC.

Name of Corporation

DOCUMENT NUMBER: F03000003125

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

,888

705-7274

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

'	•	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Virginia
•		registered agent, or both, in the State of Florida.
		WILD TURKEY FEDERATION, INC.
	office address: 770 AUGUS	
EDGEF	FIELD, SC	29824
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 06/24/2	2003 Document number: F03000003125
	d street address of the current regist rtment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)
	HEACOCK, AUSTIN	1 M
	100 S. HUCKLEBERRY LA SEBRING, FL 33875	
6. The name and (if changed):	d street address of the new registere Registered Agent Solution	ed agent (if changed) and /or registered office
	155 Office Plaza Dr., Su	# ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±
		ox NOT acceptable
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly ac ne board, or the corporation has be	lopted by its board of directors or by an officer so ten notified in writing of the change.
/S/ Parks Thace	Kleford re of an officer or director	Parks Shackleford Secretary
I further agree to performance of agent. Or, if the	to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered or reflect a change in the registered office address, I ified in writing of this change.
		10/30/2018
Sign	nature of Registered Agent	Date
If signing on be	half of an entity:	
Justine Karr	nell - Assistant Secretary	
Ť	yped or Printed Name	

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