

F150000003974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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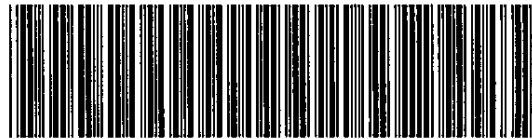
(Business Entity Name)

(Document Number)

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DEC 16 2016
J. McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WWALS Watershed Coalition Inc
Name of Corporation

DOCUMENT NUMBER: F15000003974

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:

Gretchen Quarterman
Name of Contact Person

WWALS Watershed Coalition
Firm/Company

PO Box 88
Address

Hahira GA 31632
City/State and Zip Code

wwals watershed@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gretchen Quarterman at (850) 290 2350
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

STATE OF FLORIDA
DIVISION OF CORPORATIONS
16 DEC 14 AM 10:18

**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 Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WWALS Watershed Coalition Inc
2. The principal office address: 3338 Country Club Rd #2336
Valdosta GA 31605
3. The mailing address (if different): P O Box 88
Hahira GA 31632
4. Date of incorporation/qualification: August 26, 2015 Document number: FL5000003974
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)

resigned

Christopher Menicle
7712 SW 32nd Lane
Jasper FL 32052
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Leighanne Boone
207 West Park Ave Suite A
P.O. Box NOT acceptable
Tallahassee FL 32301

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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.

Gretchen Quarterman
Signature of an officer or director

Gretchen Quarterman Treasurer
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.

Leighanne Boone
Signature of Registered Agent

12/13/2016
Date

If signing on behalf of an entity:

Leighanne Boone
Typed or Printed Name

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