

F16000000498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

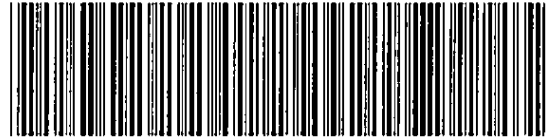
(Document Number)

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

Special Instructions to Filing Officer:

4350

Office Use Only



900333911209

09/03/19--01002--011 \*\*380.00

FILED

19 SEP -3 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 SEP -3 AM 11:32

SEP 05 2019

S. YOUNG

54



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2019

TINA GOFF  
SUNSHINE STATE CORPORATE COMPLIANCE CO  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312

SUBJECT: MT. CARMEL STABILIZATION GROUP, INC.  
Ref. Number: F16000000498

*Corrected  
Please allow  
60 initial  
free date*

We have received your document for MT. CARMEL STABILIZATION GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 819A00018142

19 SEP -4 PM 3:32

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MT. CARMEL STABILIZATION GROUP, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F16000000498

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:

TINA GOFF

Name of Contact Person

Sunshine State Corporate Compliance Company

Firm/Company

3458 Lakeshore Drive

Address

Tallahassee, FL 32312

City/State and Zip Code

SUNSHINECORPORATE2014@GMAIL.COM

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

For further information concerning this matter, please call:

TINA GOFF

Name of Contact Person

at ( 850 ) 656-4724

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**

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

1. The name of the corporation: MT. CARMEL STABILIZATION GROUP, INC.
2. The principal office address: 1611 COLLEGE DRIVE, MOUNT CARMEL, IL 62863
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/3/2016 Document number: F16000000498

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)

SUNSHINE CORPORATE FILING OF FLORIDA, INC.

3458 LAKESHORE DRIVE

TALLAHASSEE, FL 32312

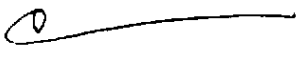
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

P.O. Box NOT acceptable

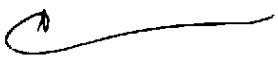
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Christina Goff - Authorized  
\_\_\_\_\_  
Printed or typed name and title  
*person*

*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

8/30/2019

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Christina Goff

\_\_\_\_\_  
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

FILED  
19 SEP -3 AM 9:45  
TALLAHASSEE, FLORIDA