

F17000002191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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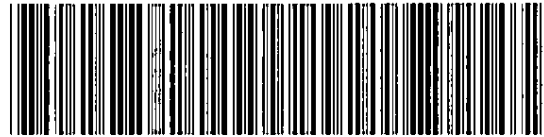
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 936658 5168719

AUTHORIZATION :



COST LIMIT : \$ 35.00

ORDER DATE : November 30, 2017

ORDER TIME : 9:12 AM

ORDER NO. : 936658-005

CUSTOMER NO: 5168719

CHANGE OF AGENT

NAME: TOWNSEND LEATHER MERCANTILE,  
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Townsend Leather Mercantile, Inc.

\_\_\_\_\_  
Name of Corporation

DOCUMENT NUMBER: F17000002191

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:

Kim Russo

\_\_\_\_\_  
Name of Contact Person

Townsend Leather Company, Inc.

\_\_\_\_\_  
Firm/Company

PO Box 669

\_\_\_\_\_  
Address

Johnstown, NY 12095

\_\_\_\_\_  
City/State and Zip Code

kimr@townsendleather.com

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

For further information concerning this matter, please call:

Kim Russo

518 762-2764 ext 104

\_\_\_\_\_  
Name of Contact Person

at ( )  
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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TOWNSEND LEATHER MERCANTILE, INC.
2. The principal office address: 45 Townsend Avenue  
Johnstown, NY 12095
3. The mailing address (if different): PO Box 669  
Johnstown, NY 12095
4. Date of incorporation/qualification: 05/12/2017 Document number: F17000002191
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)

RONALD L CATHEY

101 LAKE OAKS BLVD

LONGWOOD,

FL 32750

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.

Sarah Eckler  
Signature of an officer or director

Sarah Eckler Sr. VP  
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: Roxanne Turner  
Signature of Registered Agent

Roxanne Turner  
Asst. Vice President

12/1/17  
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  
CR21045 (03/12)