

NOO 0000003494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

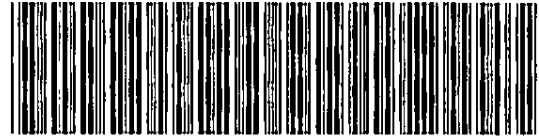
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
FEB 11 2022

Office Use Only



400380337484

FILED  
2022 JAN 26 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ENGLEWOOD ANIMAL RESCUE SANCTUARY INC.  
Name of Corporation

DOCUMENT NUMBER: NO0000003484

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:

Richard Zimmerman  
Name of Contact Person

ENGLEWOOD ANIMAL RESCUE SANCTUARY INC.  
Firm/Company

500 N. INDIANA AVE  
Address

ENGLEWOOD FL 34223  
City/State and Zip Code

E-mail address: (to be used for future annual report notification) ~~englewoodanimalrescue@yahoo.com~~ englewoodanimalrescue@yahoo.com

For further information concerning this matter, please call:

Richard Zimmerman at (941) 681-3877  
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: ENGLEWOOD ANIMAL RESCUE SANCTUARY INC  
2. The principal office address: 500 N INDIANA AVE. ENGLEWOOD FL 34223

3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 10/23/2000 Document number: NC00000003484  
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)

OUR CURRENT REGISTERED AGENT, PAULA HINES,  
HAS PASSED AWAY.

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

RICHARD ZIMMERMAN  
500 N. INDIANA AVE.  
ENGLEWOOD FL 34223

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.

Mary F. Curtis  
Signature of an officer or director

Mary F. Curtis - Chairman of Board  
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.

Richard Zimmerman  
Signature of Registered Agent

11/21/22 Date

If signing on behalf of an entity:

RICHARD ZIMMERMAN  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

FILED  
2022 JAN 26 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399