

N00 000 007 932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

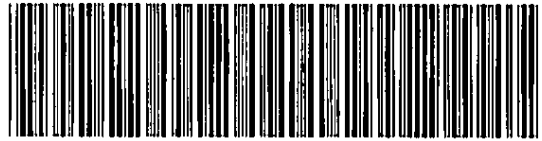
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/22--01013--012 **35.00

2022 SEP 20 AM 9:00
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RA Change

DEC 21 2022

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Big Bend Community Development Corporation
Name of Corporation

DOCUMENT NUMBER: N0000000 7932

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:

Thomas H. Lewis
Name of Contact Person

Big Bend Community Development Corporation
Firm/Company

315 W. Washington Street
Address

Quincy, Florida 32351
City/State and Zip Code

nhpe1963@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Lewis at (850) 228-9756
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

2022 SEP 20 AM 9:00

**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: Big Bend Community Development Corporation
2. The principal office address: 315 W. Washington Street
Quincy, Florida 32351
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/30/2000 Document number: 000000007932
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)

Thomas H. Lewis
7099 Ox Bow Road
Tallahassee, FL 32312

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

Thomas H. Lewis
315 W. Washington Street
Quincy, Florida 32351
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.

Thomas H. Lewis
Signature of an officer or director

Thomas H. Lewis CEO
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.

Thomas H. Lewis
Signature of Registered Agent

9/16/2022
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
CR2E045 (04/13)

2022 SEP 20 AM 9:00