

100000008375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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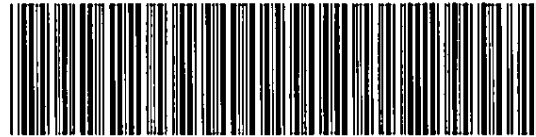
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gainesville Council on Aging, Inc.
Name of Corporation

DOCUMENT NUMBER: N0000000 8375

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:

Robert Lash
Name of Contact Person

Moody, Salzman Lash & Luciano
Firm/Company

2770 WNW 43rd St. Suite A
Address

Gainesville FL 32606
City/State and Zip Code

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

For further information concerning this matter, please call:

Steve Nathan at (614) 862-2950
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

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: Gainesville Council on Aging, Inc.
2. The principal office address: 4842 SW Archer Rd.
Gainesville, FL 32608
3. The mailing address (if different): ~~SW~~ ~~FL~~
4. Date of incorporation/qualification: 12/14/2000 Document number: N 00000008375
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)

Shimberg Robert Esq.
Hillwood Henderson
101 E Kennedy Blvd # 3700 Tampa, FL 33602

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

Robert Lash
Moody, Salzman, Lash & Locy Inc.
P.O. Box NOT acceptable
2700 NW 43rd St., Suite 4, Gainesville, FL 32606

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]
Signature of an officer or director

Steve Wychen, President
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.

[Signature]
Signature of Registered Agent

September 13, 2018
Date

If signing on behalf of an entity:

Robert Lash
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 (03/12)

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2018 OCT - 2 A 12:36
TALLAHASSEE, FL
STATE DEPARTMENT OF
CORPORATIONS