

NO1000001078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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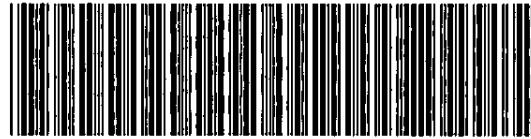
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Wildflower Foundation
Name of Corporation

DOCUMENT NUMBER: N01000001078

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:

Lisa Roberts
Name of Contact Person

Florida Wildflower Foundation
Firm/Company

225 S. Swoope Ave., Suite 110
Address

Maitland, FL 32751
City/State and Zip Code

lroberts@flawildflowers.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Roberts at (407) 622-1606
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2014

LISA ROBERTS
225 S. SWOOPE AVE., STE 110
MAITLAND, FL 32751

SUBJECT: THE FLORIDA WILDFLOWER FOUNDATION, INC.
Ref. Number: N01000001078

We have received your document for THE FLORIDA WILDFLOWER FOUNDATION, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 814A00000176

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: Florida Wildflower Foundation

2. The principal office address: 225 S. Swoope Ave., Suite 110, Maitland, FL 32751

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/15/2001 Document number: N01000001078

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)

~~Florida Wildflower Foundation~~ Lisa Roberts
321 White Oak Circle
Maitland, FL 32751

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

Florida Wildflower Foundation (Lisa Roberts)
225 S. Swoope Ave., Suite 110
Maitland, FL 32751

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

Vince Lamb, Chairman
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 of Registered Agent

12-20-2013
Date

If signing on behalf of an entity:

Lisa Roberts
Typed or Printed Name

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