

ND10000002167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

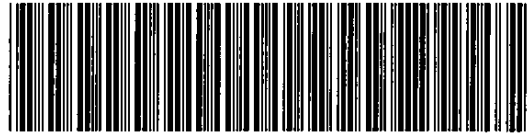
(Business Entity Name)

(Document Number)

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06 JUN 30 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R A / chg
10 7.10.04

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Brooksville Mural Society, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 106 A 000 386 09

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:

KAREN Phillips
(Name of Contact Person)

CITY OF BROOKSVILLE
(Firm/Company)

201 Howell Avenue
(Address)

Brooksville, FL 34601
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Alice Queiros at (352) 544-5400 ext. 135
(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



06-08-06 P12:25 IN

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2006

THE BROOKSVILLE MURAL SOCIETY, INC.
201 HOWELL AVENUE
BROOKSVILLE, FL 34601 US

SUBJECT: THE BROOKSVILLE MURAL SOCIETY, INC.
Ref. Number: N01000002167

Please be advised, we have received your request to file an amended annual report for the above corporation; however, the document has not been filed and is being returned for the following:

The annual report has already been filed for 2006. If you want to change the registered agent, please complete the enclosed change of registered agent and/or registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 106A00038609

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: The Brooksville Mural Society, Inc.
2. The principal office address: 201 Howell Ave
Brooksville, Fl. 34608
3. The mailing address (if different): PO Box 1682
Brooksville, Fl. 34605
4. Date of incorporation/qualification: _____ Document number: 106A 000 38609
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Marisol B. Pereira
201 Howell Avenue
Brooksville, Fl. 34601

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TALLAHASSEE, FLORIDA

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

Karen Phillips
201 Howell Avenue
(P.O. Box NOT acceptable)
Brooksville, Fl. 34601

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 Alice Queiros
(Signature of an officer or director)

MARY ALICE QUEIROS
(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.

Karen Phillips
(Signature of Registered Agent)

6/27/02
(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