

NOI 000002381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

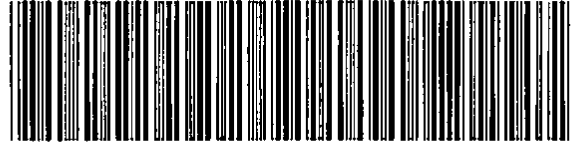
(Business Entity Name)

(Document Number)

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SHIRLEY M. JONES
TALLAHASSEE, FL

SEP 12 2019
C. Kinser

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: One Voice for Volusia, Inc
Name of Corporation

DOCUMENT NUMBER: N01000002381

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:

Carrie Baird
Name of Contact Person

One Voice for Volusia, Inc
Firm/Company

1845 Holsenback Dr
Address

Daytona Beach, FL 32117
City/State and Zip Code

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

For further information concerning this matter, please call:

Carrie Baird at (386) 947-8301
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: One Voice for Volusia, Inc
2. The principal office address: 1845 Holsonback Dr
Daytona Beach, FL 32117
3. The mailing address (if different): PO Box 15106
Daytona Beach, FL 32115
4. Date of incorporation/qualification: _____ Document number: NO1000002391
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)

Lynn Kennedy

1845 Holsonback Drive

Daytona Beach, FL 32117

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

Carrie Baird

1845 Holsonback Drive

P.O. Box NOT acceptable

Daytona Beach, FL 32117

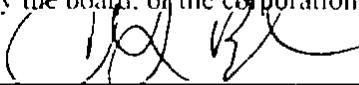
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, on the corporation has been notified in writing of the change.


Signature of an officer or director

Carrie Baird Executive Director
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

8/29/30
Date

If signing on behalf of an entity:

Typed or Printed Name

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