

ND1000004891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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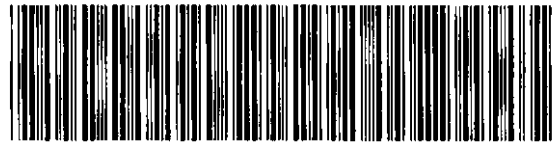
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Countryside High School Drama Booster Club Inc  
Name of Corporation

**DOCUMENT NUMBER:** N01000004891

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:

Jessica Fabian  
Name of Contact Person

Firm/Company

404 Bay View St  
Address

Safety Harbor FL 34695  
City/State and Zip Code

fourfabians@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Fabian at ( 727 ) 735-8427  
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: Countryside High School Drama Booster Club Inc  
2. The principal office address: 3000 State Rd 580 Clearwater Fl 33761

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/09/2001 Document number: N0100004891

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)  
Sharon Vaal 3034 Oak Cove Dr Clearwater Fl 33759  
Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Jessica Fabian  
404 Bay View Street  
P.O. Box NOT acceptable  
Safety Harbor Fl 34695

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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, or the corporation has been notified in writing of the change.

Lisa Lennox  
Signature of an officer or director

Lisa Lennox - 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.*

Jessica Fabian  
Signature of Registered Agent

2/6/17  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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