

NO1000007693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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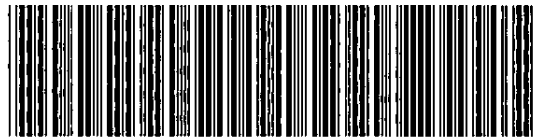
(Business Entity Name)

(Document Number)

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7/13/09  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Friends of Mission San Luis, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N01000007693

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:

Bonnie G. McEwan  
Name of Contact Person

Mission San Luis  
Firm/Company

2100 West Tennessee Street  
Address

Tallahassee, FL 32304  
City/State and Zip Code

bmcewan@dos.state.fl.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Shiver at ( 850 ) 487-1666  
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

July 7, 2009

BONNIE G MCEWAN  
2100 W TENNESSEE ST  
TALLAHASSEE, FL 32304

SUBJECT: FRIENDS OF MISSION SAN LUIS, INC.  
Ref. Number: N01000007693

We have received your document for FRIENDS OF MISSION SAN LUIS, 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):

The registered agent must sign accepting the designation.

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) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 009A00023143

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2009 JUL 10 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Friends of Mission San Luis, Inc.
2. The principal office address: 2100 West Tennessee Street, Tallahassee, FL 32304
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/29/01 Document number: N01000007693
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)

2021 West Mission Road

Tallahassee, FL 32304

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

2100 West Tennessee Street

Tallahassee, FL 32304

P.O. Box NOT acceptable

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TALLAHASSEE FLORIDA

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.

Bonnie G. McEwan  
Signature of an officer or director

Bonnie G. McEwan, 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.*

Bonnie G. McEwan  
Signature of Registered Agent

7/10/09  
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