

ND1000007978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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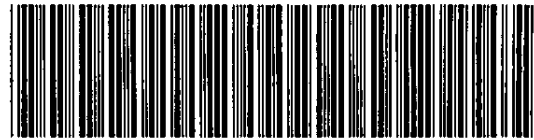
(Business Entity Name)

(Document Number)

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16 NOV 17 PM 12:36
SECRET
TALLAHASSEE, FL 32310

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Micronopy Community Council for the Arts
Name of Corporation

DOCUMENT NUMBER: NO1000007978

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:

CLEVERSON SCHMIDT
Name of Contact Person

—
Firm/Company

PO BOX 351
Address

MICRONOPY - FL 32667
City/State and Zip Code

CLEVERSONSCHMIDT@ATT.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLEVERSON SCHMIDT at 352 466-9177
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The MICANOPY Community Council for the Arts
2. The principal office address: 207 CHOLOKKA BLVD.
MICANOPY, FL 32667
3. The mailing address (if different): PO BOX 633
MICANOPY, FL 32667
4. Date of incorporation/qualification: ^{Rev. Statement} 02/25/2016 Document number: NO1000007978
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)

CLEVERSON SCHMIDT
2114 NW 4th Terrace
GAINESVILLE, FL 32605

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

JANICE FOOTE
16375 NE 154TH ST
P.O. Box NOT acceptable
FORT MCCOY, FL 32134

16 NOV 17 PM 12:35
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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]
Signature of an officer or director

HEIDE SCHMIDT - 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.

Signature & date

[Signature]
Signature of Registered Agent

11-06-2016
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